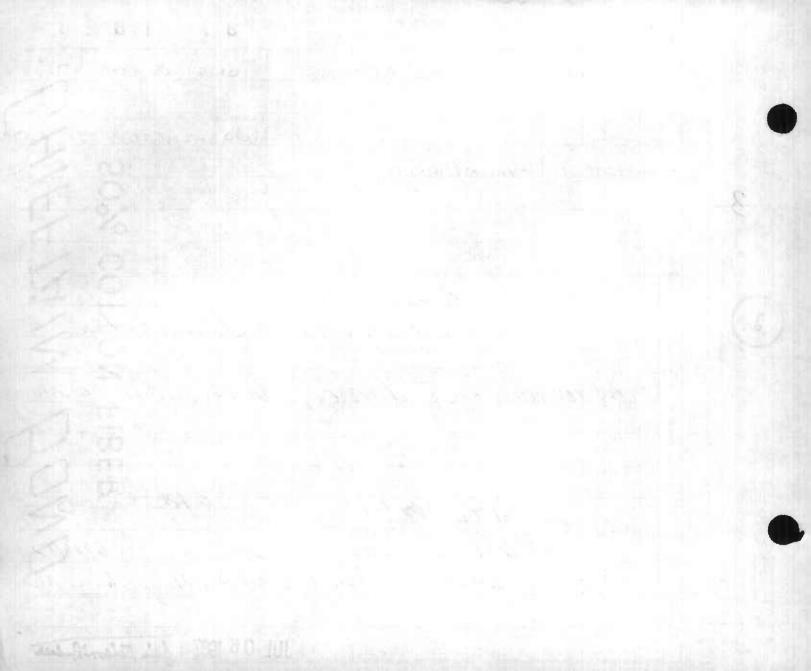
58636 JUL	J STATE REGISTRAR			CERTIFI	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	182	8 4
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complete brown	Maryland 14 FATHER'S NAME FIRST John	NURSING HOME OR OTHER INSTITUTE 13b COUNTY Washingtor MIDDLE	13c CITY OR TO Hager	stown el	13d INSIDE CITY LIMITS? YES ▼ NO 15. MOTHER'S MAIDEN NA/ Bessie 17. INFORMANT	13e STREET ADDRESS / ZIP 250 N. Mulb		21740 her
the description of the execution of the condition of the	(YES, NO OR UNKNOWN) 18 CAUSE OF DE PART I. DEATH Conditions, if o gove rise to couse (o), st	EATH (Enter only one couse H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO timmediote ofting the DUE TO DUE TO)	OUENCE OF		Nursing Home		OWN, Md.
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TO HOSPITAL OR retoined by the hit TO FUNERAL DIRE should be detrothe with the State Dep IMPORTANT: If their	22b SIGNATURE	DIN, REMOVAL 123b. DATE	mo 123	N	ATTENDING PHYSICIAN 270 ADDRESS 1600660 METERY OR CREMATORY	MEDICAL STAFF DRECTOR PHYSICIAN FILE AND HE 123d LOCATION	goston	24/8>
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DHMH - 16 60M 7/B4 (VRA 15, 4)

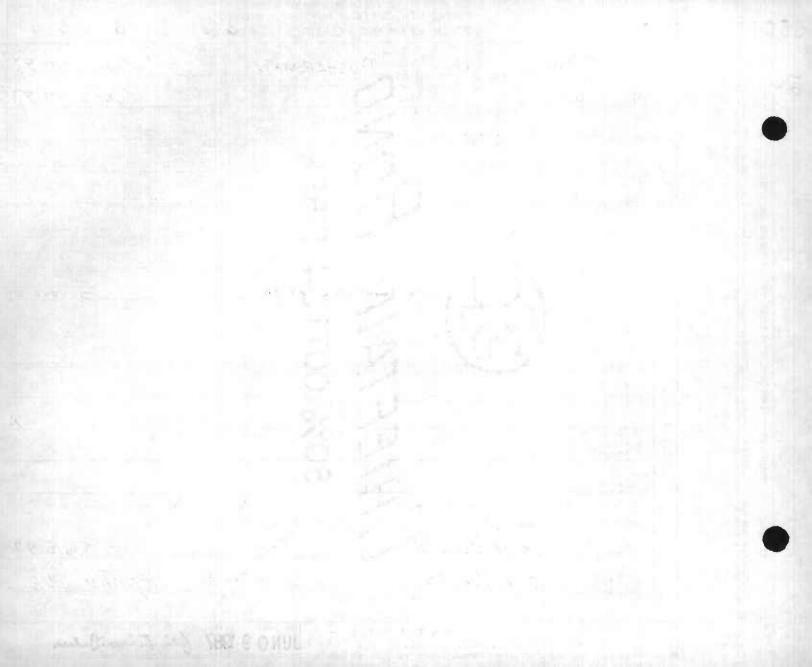
24. FUNERAL DIRECTOR MINNICH FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md. 21740

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
JUL 06 1987 Julia Signature



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-USHERMAN DEATH MATED 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED 19 21 DEAD 3 66 RIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUN MARRIED X NEVER MARRIED FOREIGN COUNTRYS WIDOWED [DIVORCED Pennsylvania

O, CITY OR TOWN OF DEATH U.S.A. Washington County 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Hagerstown Washington County Hospital Real Estate Real Estate AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13d. THSIDE CITY LIMITS? 13e STREET ADDRESS NO □ 1534 Edgar Avenue Franklin Chambersburg Penna ATHER'S NAME 15. MOTHER'S MAIDEN NAME Wilkinson Ruth Ausherman Thomas 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Chambersburg, PA (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Betty B. Ausherman 1534 Edgar Ave. 203-10-3858 Yes WWII 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN QUEET AND DEATH PART I DEATH WAS CAUSED BY: OCCIVSION COVUMENY SUVGEN IMMEDIATE CAUSE (o). DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection A Inquiry X and in my opinion death resulted from: Suicide Homicide Undetermined manner ACTUAL June 2 87 SIGNATURE EXAMINER'S NAME TYPE OR PRINT 230 BURIAL CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY Franklin Norland Cemetery Chambersburg Burial 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR Chambersburg, PA Thomas L. Geisel 152 S. second St. (VR A15 ME (5))



CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH MONTH DECEASED NAME TYPE OR PRINTS Floris Ruth BEARD 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY 4 RACE 3 SEX female white October 23, 1920 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY Washington Maryland USA WIDOWED DIVORCED T 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington County Hospital aid Hagerstown ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 413 Indiana Ave. Hagerstown Maryland Washington YES X 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE W. Hebb Ruth Carvel ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 215-14-1225 Howard L. Beard Hagerstown, Md. no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 21n ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART TOR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 226. SIGNATUR ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN EPHEN M. SACHS, MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23(NAME OF CEMETERY OR CREMATORY

Mt. View Cemetery

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

230 BURIAL, CREMATION, REMOVAL

burial

- STATE

MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

June 5,1987

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

elia Division. Landal.

Sharpsburg, Wash., Maryland

26 HOUR

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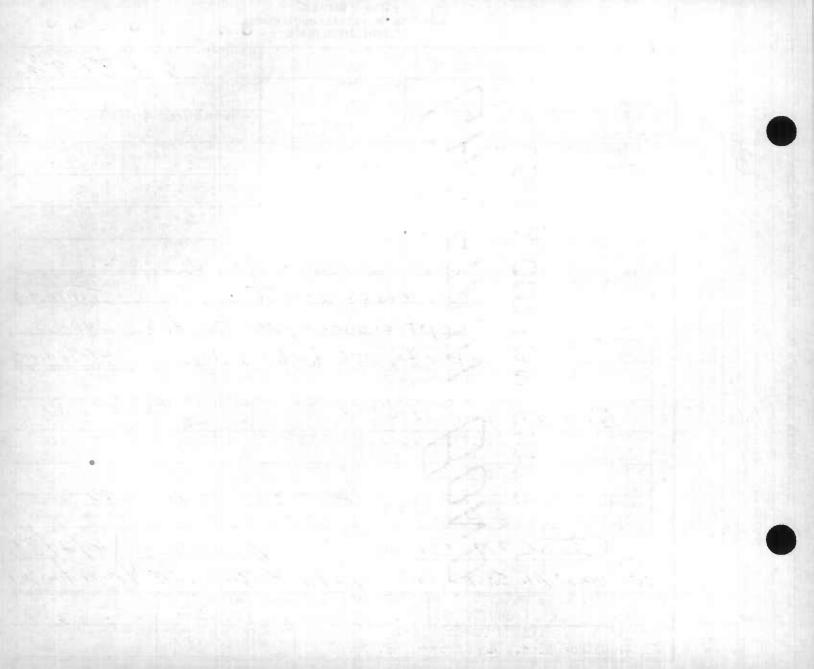
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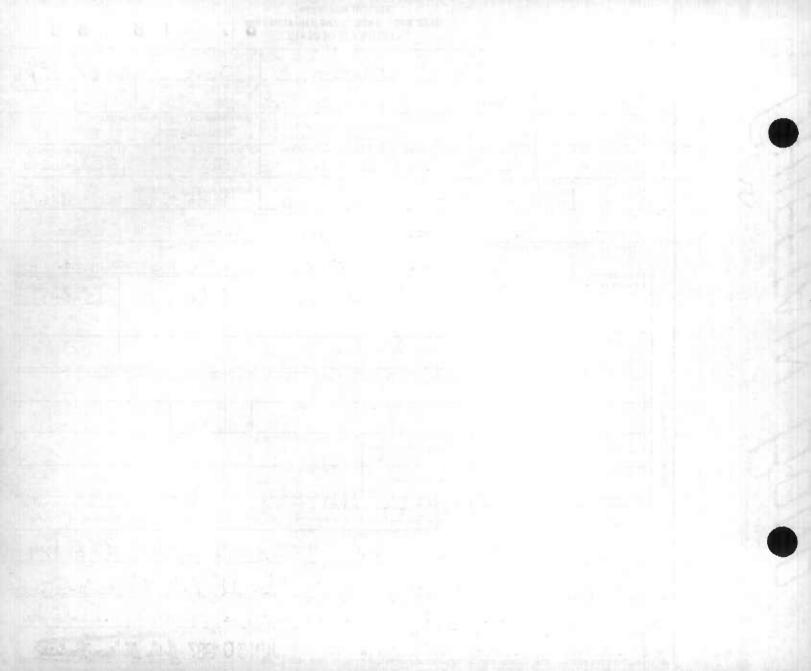
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ITAL OR by the ho RAL DIRE e detached state Deptine De		27b. SIGNATURE	with	M	M		MEDICAL STAFF DIRECTOR PHYSICIA		6 SP7
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(VRA 15, 4)



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed in the neutral physician. Steen this certificate has been signed by the attending physician and comments. He of the burial-transit permit. Then please remove corbonidaters. Pages 1 and 1 and Mental Hygiene prior to burial, cremotion, or emoval. In and Mental B show any injury, or other traumatic event, the medical minimum must be acked or them.	7	PART 2. OTHER SIGN	NIFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	E TERMIN	AL DISEASE OR CO	NDITION GI	VEN IN PART 110	
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NS N		22a. I certify that (I)			ne deceosed from_				, to			at (1) (we) last
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£ 2	23a E	SURIAL, CREMATION, SPECIFY Burial	REMOVAL	June2	5.1987 Re	NAME OF C	emetery or crema	TORY	23d LOCATION		COUNTY	STATE
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(VRA 15, 4)	Da.	vis Funera	I Home	e, Smit	hsburg. M	d., 2	1783	THIM	26 1007	A.lea J	Tendern-Ran	dalk

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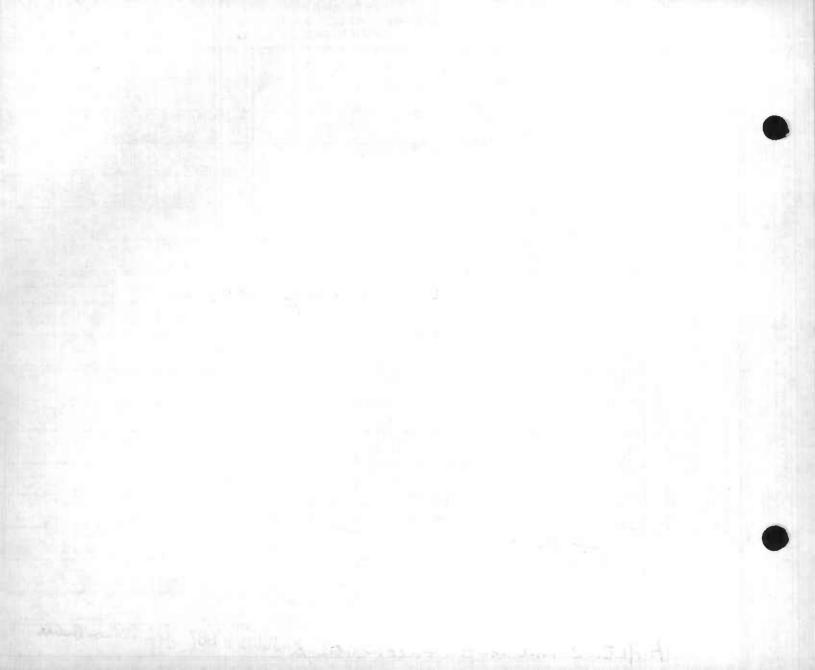
(VRA 15, 4)

STATE OF MARYLAND

Perale Take Low V. 113 ... Since Translation to the state of the isomrations and real rest transition and formest instructor can read the district tent. 231 - Ma-2400 Layid S. Brezler Hagerston, Md. . N. Cofins, Comercial Bone, Inc.

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH 26 HOUR DECEASED NAME YEAR (TYPE OR PRINT) Christine L. Brooks 1987 7:15 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 1: SEX 5. DATE OF BIRTH ONTHS DAYS HOURS 1916 Female Negro BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Penna. Washington Co. U.S.A. WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Washington Co. Hospital Hagerstown Laborer Food UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS Franklin 41 W. Franklin St Penna. Greencastle 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Ross Murphy Walter Summons Harriet ADDRESS 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mitchell Brooks 41 W. Franklin St. Greencastle 212-14-7435 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for Lung Cancer PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse tot, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 9a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 10 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from __ saw the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 27h SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL 6/5/1987 PHYSICIAN DIRECTOR PHYSICIAN 776 PHYSCIAN'S MAME (YES CHOCKE) 22e ADDRESS Pascual N. Patalinghug Jr. 138 E. Antieham St. Hagerstown, Md. 230 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN STATE Cedar Hill Cemetery Greencastle 6/7/1987 Franklin Pa. Burial 24 FUNERAL DIRECTOR DHMH - 10 0M 1/75 (VEA 15 (4))

STATE OF MARYLAND



DHMH - 16 60M 7/84 (VRA 15, 4)

BP

24 FUNERAL DIRECTOR Major M. Osborne

Burial

23a. BURIAL, CREMATION, REMOVAL

Williamsport, MD 21795

JUL 8

23d. LOCATION

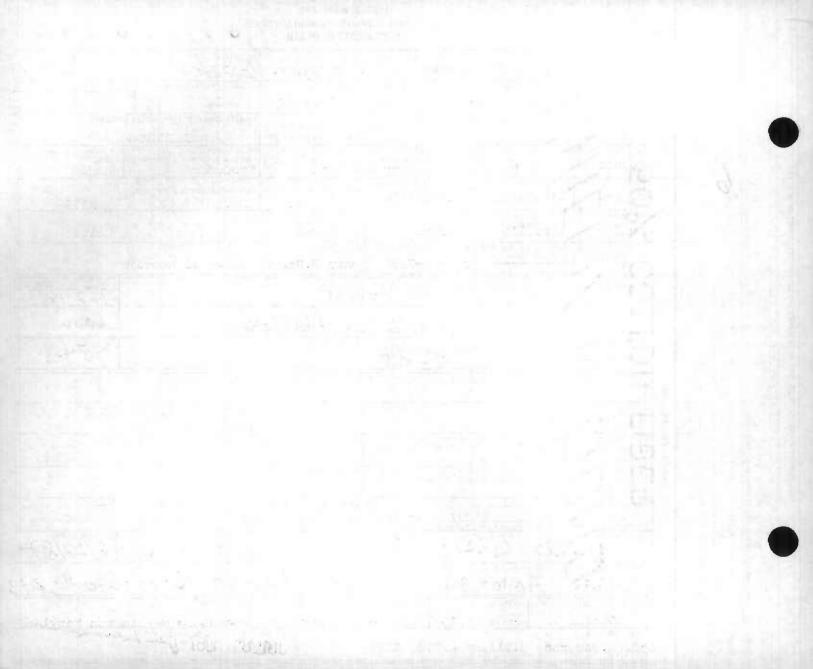
CITY OR TOWN

23c. NAME OF CEMETERY OR CREMATORY

June 29,1987 Boonsboro Cemetery

Boonsboro Washington Maryland

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S STON ACT 1981



			STATE OF MARYLAND		
7771 382	1 - STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	BIENE & REG. NO.	18294
me	DECEASED NAME LLOYD	BYRON	BUTERBAUGH		ONTH DAY YEAR 26 HOUR
ay be	6/oya	BYKON	BUTERBAUGH	6-19-	81 PM
r. po	3 SEX	4. RACE	5 DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHD	AY) IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4	Male	White	March 17, 1899	88	YRS
S Por	70. BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COU	NTRY? MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
To The soul	Maryland	U.S.A.	WIDOWED DIVORCED	Washington	County MD.
是	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
S Fied S	Hagerstown	Washingtor	County Hospital	Salesman	Organ Mfg.
4 hay	USUAL RESIDENCE (IF NURSING HOME OF			13e.STREET ADDRESS / Z	IP CODE 21740
	Maryland Wash	ington Hage		1031 View	Street
Time 22	14 FATHER'S NAME	MIDDLE LA	IS. MOTHER'S MAIDEN NA	ME	LAST
examin 2	Jacob 01		erbaugh Anna	М.	Utz
	160 WAS DECEASED EVER IN U.S. AF		L SECURITY NO. 17 INFORMANT	ADDRESS	2405 Marsh Pike
Pages medica	No -	B19-0	9-3953 Robert P.	Buterbaugh	Hagerstown, Md
person al.	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per la far all	the of the second	124	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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A SE	underlying couse last.	DUE TO, OR AS A CON	second were	NO MAG	
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or to	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				
s be	1% DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
- d o o	TT TT			YES NO	YES NO
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this e bu	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE FARM, ETC.) 211. LOCATION ATREET	CITY OF TOWN	COUNTY STATE
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219	naw the decrared alor or above (1) (wa) (did) this or	of New the body after death.	and that in (my) (aur) apinian	death accurred an file date	and hour and from the causes stated
DIREC Ched Dept Filem	17h SIGNARDINA	0 10	1. 36999	,	22c DATE SIGNED
E _ + 4 -	WOLD 1	Brull	ATTENDING PHYSICIAN (MEDICAL STAFF	NO 6/20/87
FUNERAL Jid be deto The State	224 PHYSICIAN'S TIAME LIVER	Server //	12e ADDRESS	1	1/ /1101
TO FUNERAL Should be de with the State	Koker K	VUL	1459 POTO	mac Ave.	HagersTown
F 48 3 8	230 BURIAL, CREMATION, REMOVAL	236 DATE	236 NAME OF CEMETERY OR CREMATORY	23d. LOCATION	V _{COUNTY} MD
	Burial	6-22-87	Beaver Creek Ceme	Beaver	Creak Washington
MH - 16 60M 7/84	24 FUNERAL DIRECTOR		gerstown, Md. 250 DA	E REC'D. BY REGISTRAR 251	REGISTRAR S SIGNATURE
(VRA 15, 4)	A.K. Coffman	Funeral Hor	me, Inc.	N 25 1097	Julia Divider Rendallo.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME ALBERTA ADAPPLE BUTLER LAST 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) ALBERTA BUTLER 1987 JUNE 4. RACE 5 DATE OF BIRTH A AGE UN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS. April 24, 1909 White Female 70. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Washington County New Jersev WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH LTYPE OF WORK FOR MOST OF WORKING LIFE) Hagerstown Washington County Hospital Chief Operator Law Firm ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21740 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 1730 Edgewood Hill Circle Washington Hagerstown Maryland YES X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Sarah Bertha Ernest Brady Henry Ann 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Antietam St. 062-01-7232 Edward P. Brady Sr. Funkstown, Md. No 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and ic PART I. DEATH WAS CAUSED BY: HEPATIC PHILUNE DAY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which WEEKI (b) METASTATIC CHRCINOMI gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse WEEKI SMALL CELL CHACINDMA OF LUNG PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NONG 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NONE YES [NOF 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 7) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC I WHILE NOT WHILE 220 1 certify that (1) (this hospital) attended the deceased from June sow the deceased alive on JUNE 19.87 ., and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c DATE SIGNED n) 06-18-87 PHYSICIAN 4 DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 220 ADDRESS 339 EAST ANTIETAM (OHEN, M.) ARRY HAGENSTOWN, 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b. DATE Smithsburg Crematorium Smithsburg, Washington 7-18-87 Cremation 24 FUNERAL DIRECTOR Hagerstown . Md. GISTRAR 256 REGISTRAR'S SIGNATURE # 199 DHMH - 16 60M 7/84 A.K. Coffman Funeral Home, Inc. (VRA 15, 4)

THE PARTY OF THE P HOLES AND STOTES STUNE 18 1437 HIER No sic White nort Mt. 1909 I Ville ace Jersey U.S.A. I Hamitooton County -Norvinad Manatanthan Name and and 170 Ednawood Hill Circle (femotics dated switch Send Vanous starts LV C. Vatiatet B - cole-01-7230 Edward P. Brade St. Tunkstown, Md.y Cresation . 17-16-97 Caltaster Cresatorium Saltheburg, Manifestor Hager of own, Md. A. E. Coffman Vanoral Mome, inc.

GLADY5 CAMPBELL Marie 4. RACE AGE LIN YEARS LAST BIRTHDAY 3. SEX YEAR 27 To. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Maryland USA WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Washington County Hospital Hagerstown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Falling WatersyES [West Virginia Berkeley NO X MAJEATHER'S NAME 15 MOTHER'S MAIDEN NAME Alfred Simeon Ross Bessie In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES) 215-44-7710 18 CAUSE OF DEATH (Enter only one cause per lyne for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 WHILE NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased from sow the deceased glive on obver 1) (we) (fid) (did not) view the body after death. 22L SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN T MPORTANT 22e ADDRESS THE PARTS IT IAN'S NAME IT HE COME d b

23b. DATE

Major M.Osborne P.O.Bx# 348 Williamsport, MD

FOR

REGISTRAR

23a. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR

DECEASED NAME

- STATE

TTYPE OR PRINTS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21795

BALTIMORE CITY OR COUNTY OF DEATH WASHINGTON 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Nursing Assistant Medical 13e STREET ADDRESS / ZIP CODE Rt.1 Bx# 159RC 25419 MIDDLE Marian VanMeter Rev.Robert D.Campbell (item 13 above) APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT mme dec 206 IF YES, WERE FINDINGS USED 78s AUTOPS IN CERTIFYING CAUSES OF DEATH? YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my (our) opinion death accurred on the date and hour and from the causes stated 17c DATE SIGNED DIRECTOR PHYSICIAN 23(NAME OF CEMETERY OR CREMATORY June 17,1987 Oak Hill Cemetery Lonaconing Allegany Maryland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE who Deordson- &

REG. NO

MONTH

26 HOUR

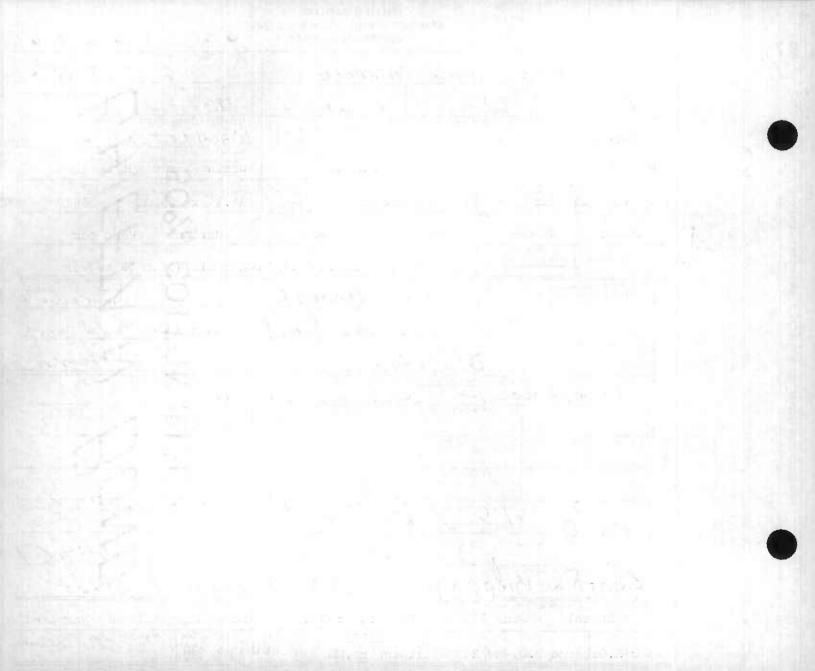
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IF UNDER 24 HRS

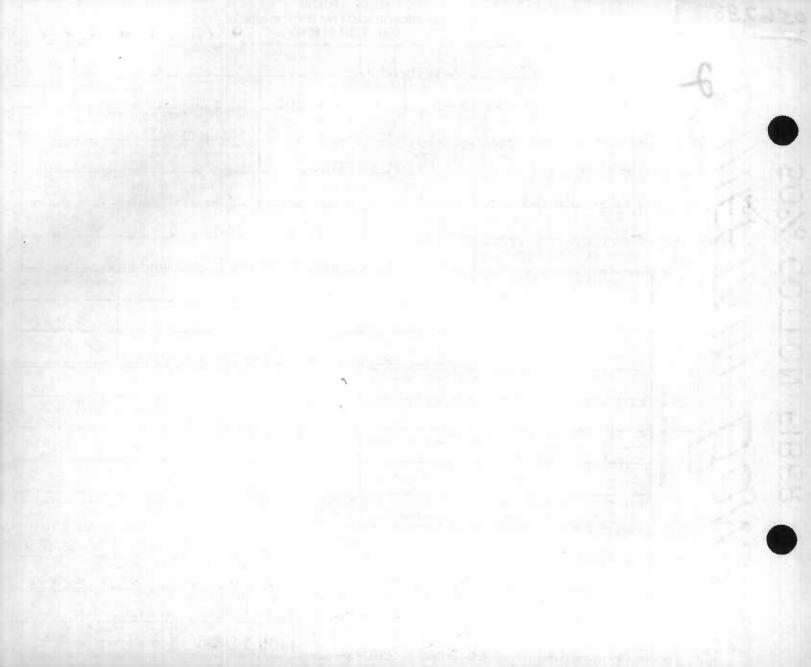
IF UNDER 1 YEAR

DAYS

20 DATE OF DEATH



201	288	1		STATE OF MARYLAND								
054	200		FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
80.0		07	REGISTRAR			CERTIFI	CATE OF DEATH	REG. NO		lia	1 /	
			DECEASED NAME FIRST PPE OR PRINT)		MIDDLE	LA I s	ST .	20 DATE OF DEATH	MONTH DA		26 HOUR	
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	o d	3.	SEX	4 RACE	// !	DATE O	F BIRTH YEAR	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS	
	de d		t-emale	Cauc	asian	11	12 1910	76	YRS.			
-	Po di	70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIET	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTYC	OF DEATH		
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	with the	C 10	CITY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INSTITUTION	120 USUAL OCCUPATION	WORKING LIFET	INDUSTRY	F BUSINESS OR	
	s of	1	HAGERSTOWN	WASHI	NGTON COUNT	TY Ho	SPITAL	OWNER	BEA	UTY OP	PERATOR	
212	00 00	1	WAL RESIDENCE (IF NURSING HOME) STATE 136. CC	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE AD	OMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	ć	2/2/x	
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MARYLAND	和詞形	y 14	FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS'		
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ORE,	1 11 1	16	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURI		17 INFORMANT	ADDRE				
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DIVISION OF VITAL RECORDS.			190 DATE OF OPERATION	19h CONF	ITION FOR WHICH O	PERATION	N WAS PERFORMED	200 AUTOPSY?	1206. IF YES.	WERE FINDIN	NGS LISED	
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	D FUN Powed to	M	JOHN R	MAR	5H, MI	0,	1446	ERSTOWN	v. 10	10 6	21740	
	5 1 5 4 3 34	2	BURIAL, CREMATION, REMO	AL 23b. DATE	23c. NA	AME OF C	EMETERY OR CREMATORY	23d LOCATION				
	BP		BURIAL	6-9-	87 RE	ST HA	VEN CEMETERY	HAGERSTON	IN WASH	. MD.	STATE	
	- 9. 4		FUNERAL DIRECTOR		305 N. Po	TOMAC	STREET 250. DA	TE REC'D. BY REGISTRAR				
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Item 5.Film G632 10-16-87

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office after May 11, 190h Mt. Lene. Mc. . U. E. A. Constant Constant Maryland Mendangton Assersiona & 921 Marylana Ave. 21760 element olars element element element olar e 211-21-7898 Mr. dillis L. Olsaw, Cherry Hill. 1. 1.

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Jest Bret. It. Sconsboro. Ma. 2171

STATE OF MARYLAND 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR 1. DECEASED NAME 20 DATE KNOWN THE OF PRINT OF ESTI-DEATH MATED JOHN DATE OF BIRTH 6. AGE (IN YEARS. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED 45 5,1941 YRS 7a BIRTHPLACE 9 BALTIMORE CITY OF COL MARRIED X NEVER MARRIED FOREIGN COUNTRY) Virginia USA Washington County, WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 112h KIND OF BUSINESS Washington County Hospital Landscape Supervisor, Parks & Hagerstown Planning 13e STREET ADDRESS 135 COUNTY 13d. INSIDE CITY LIMITS? Knoxville 5 Ash Drive 21758 Frederick NO [15 MOTHER'S MAIDEN NAME EIRST Snodgrass Cody Clara Jim 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 213-38-0311 Barbara L. Cody, Item 13 MA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18.
FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W
OR: PAGE 3 SHOULD BE USED AS A BURIAL - REANSIT PERMIT.
HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DI
NOT 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MUITIPLE TYAUMOL DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [71g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR, A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211 LOCATION EAECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDER TO FUNERAL DIRECTOR: PAGE 3 SAFTER DEATH, WITH THE STATE DEL BAFTIMORE, MARYTAND TANDERS STREET, FACTORY FARM FTC 1 WHILE AT WORK 22a. I certify that I toak charge of the remains described above, held on Autopsy death resulted from: Natural causes ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b DATE Boyds Presbyterian Burial 1987 June 7. Boyds. Montgomery, 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Olin L. Molesworth, P.A., Damascus, Md. (VR A15 ME (5))

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TO FUNERAL DIRECTOR: After

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

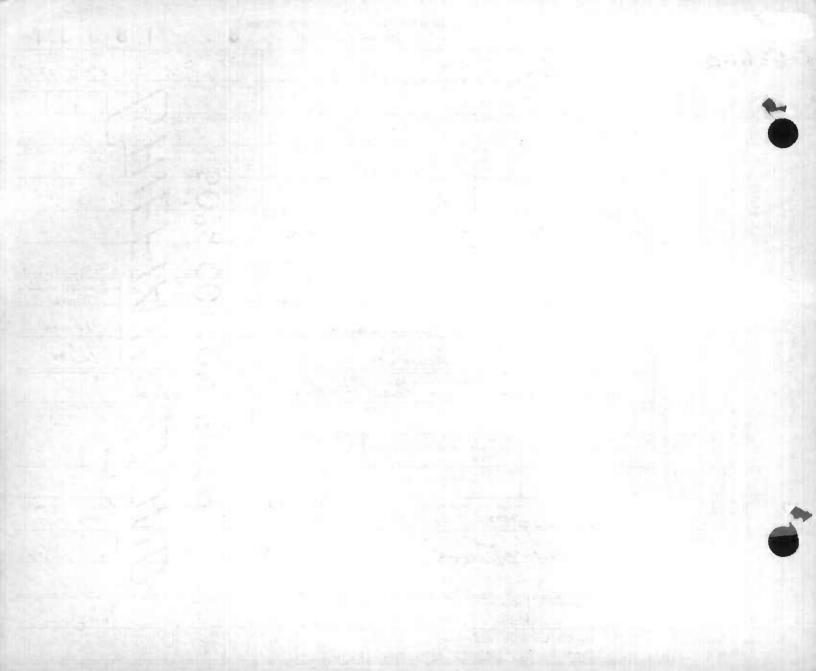
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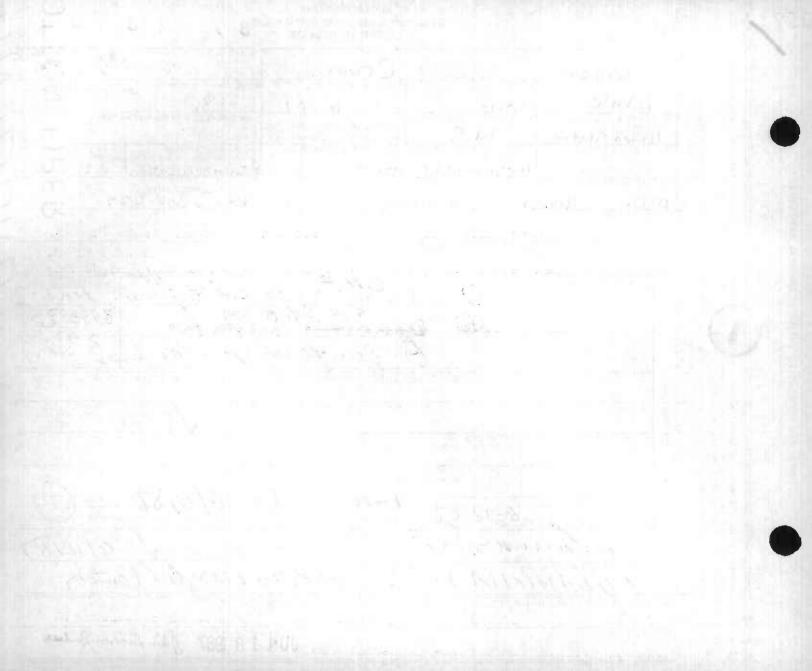
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIE

NE	8	REG. N	10.	8	3	0	
a [ALEC	F DEATH	HINOM	DAY 7	YE AR	26 HO	UR

	14	STATE REGISTRAR		DEI ARIM	CERTIF	ICATE OF DEATH	8 /	G. NO.	8	3	0	1	
		EASED NAME The od	ore	R.	80	yer	June June	29, 198	37 S	YE AR	26 HOU	R 2 /M	
1	3. SEX		4 RACE		5. DATE C	- Section .	6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER		IF UNDER		
Į		Male	Caucas	ian	May	29 1951	36	YRS	MONTHS	DAYS	HOURS	MIN.	
Я		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8	-,, -,,	9 BALTIMORE C			TH		7.1	
7		alifornia	USA		WIDOWE	D NEVER MARRIED	W	Washington					
4	10 CI	TY OR TOWN OF DEATH			HOME C	OR OTHER INSTITUTION	12a. USUAL OCC	JPATION	12b. K	(IND OI	F BUSINE	SS OR	
7	Hag	gerstown		gton Coun		spital	Disabl						
	USUA 130. S	L RESIDENCE (IF NURSING HOME OR TATE		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDR	ESS / 7IP CC	DE				
		brefre	ington	Hagersto		YES X NO	1380 Ma			2174	0		
	14. FA	THER'S NAME	WIDDIE	LAST	-177	15 MOTHER'S MAIDEN NA	ME	Dis		LAST			
	(Charles B		Coyer Sr.		Barbara	A.		Cochra	6.101			
Ī		AS DECEASED EVER IN U.S. AR.		166. SOCIAL SECUR	ITY NO.	17 INFORMANT	A	DDRESS					
1	(4	ES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	218-88-7	542	Barbara Fred	derick 68	13 Melr	rose M	<i>l</i> cLe	ean,	Va.	
١		18 CAUSE OF DEATH (Enter on	ly one couse per	line for (a), (b), and	(01.)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardiac anest, regularists for the last								30 min			
	7	7/2	DUE TO, O	R AS A CONSEQUE	NCE OF		/						
		Conditions, if any, which	((b)_	Hy	coxe	geld				30	MUA	2	
		gave rise to immediate cause (a), stating the underlying cause last. (c) UE TO, OR AS A CONSEQUENCE OF CONSEQU								Thom			
١		MART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN								ART No	1		
	é	Hyper Rala	nea c	Theorice A	exel	Failure,	evelys						
-	CERTIFICATION	W. DATE OF OPERATION	196. COND	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	ZIL AUTOPSYZ ZIOL IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\subseteq \text{NO} \sigma \text{NO} \sigma \text{NO} \sigma \text{NO} \sigma \tex					H?	
1	CER	210. ACCIDENT WAS UNDERLYING	216. TIME C			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)						
		OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA M.	Y YEAR								
١	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	617	ORTOWN	COU	NITM		TATE	
	¥	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FA	RM, ETC)	ZIKEEI		ORTOWN	COU	NIT	5	TATE	
		220.1 certify that (1) (this haspi	-il			an 18, 19 95		ed 29	19 8	7 . 1	that (I) (A	lost	
-		saw the deceased alive an above, (1) (we) (did) (the body	ofter death.	, or	nd that in (my) (aux) opinian	death accorred on	the date and h	nour and fro	om the c	couses sto	ated	
		226, SIGNATURE		/	/	DEGREE			22ε.	DATES	SIGNED	/	
		Eds	ary 9/1/	und	Min	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [0	2/3	0/8	77	
		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	/		22e. ADDRESS							
		Edson Mood					163 Hage	rstown	, Mar	yla:	nd		
		URIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	WN 1	COUNT	Y	5	TATE	
	r	emova1	June 3	0,1987 Fa	irfax	City Cemeter	y FAirf	ax.	_		inia		
	24 FU	NERAL DIRECTO MINNICH	FUNERA	L HOME	1,73	25a. DAT	E REC'D. BY REGIS		ISTRAR'S S				
		5 E. Wilson Blv			Md. 2	21740	OD BO		1 400,000	1			





	1.	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL	HYGIENE	REG. NO.	1 8	3	0 3
5625/ JIL		GEASED NAME E OR PRINT)	FIRST		A 11en	-	TV ERS	20 DATE	OF DEATH MON	20	87	26 HOUR 6
poge y	3. SE			RACE		5. DATE O	OF BIRTH	6. AGE (IF	YEARS LAST BIRTHDAY		DER I YEAR	IF UNDER 24 HRS
ctor.	1	male		whi	te	Febr	uary 15, 18	90	97	YRS.	DAYS	HOURS MIN.
Pog Page	7o. B	IRTHPLACE (STATE OR F	OREIGN	b. CITIZEN OF	WHAT COUNT	0V2 B	D & NEVER MARRIED	O BALTIM	ORE CITY OR CO		EATH	
nerol n 72		Virginia		U.	S.A.	WIDOW		ā	Washing	ton		MD.
A STATE OF THE PARTY OF THE PAR	10 0	ITY OR TOWN OF DEA	TH	11, NAME OF	HOSPITAL, NU	RSING HOME (OR OTHER INSTITUTION	(TYPE OF W	L OCCUPATION ORK FOR MOST OF WOR		b. KIND OI DUSTRY	F BUSINESS OR
So of filed filed		Hagerstown		Wash	ington	County	Hospital	cu	stodian			
ND 217	130.	AL RESIDENCE (# NURS) STATE aryland	136 COUN		136. CITY OR 1 Hager	OWN	13d INSIDE CITY LIMIT YES X NO		Frederi		eet ²¹	1740
MARYL ed withir ind 2 sh	14 F	ATHER'S NAME FIRST William	A	P.	Deav	ers	IS MOTHER'S MAIDEN	NAME	MIDDLE E.		Long	ley
d og		WAS DECEASED EVER		AED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT		ADDRESS			
IMORE		no	(11 123, 011	WAR OR DATES!	214-09	-1020	Mrs. Eliza	beth F.	Deavers	, Hage		
BALT cate to spers vol.		18 CAUSE OF DEATH	H (Enter and	y ane cause pe							BETWEEN	MATE INTERVAL DISET AND DEATH
ST.,	1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDINESSOINATORY ARREST 1 HOUR										Hour
PRESTON ST the death cert he attending I emove carbon smattan, ar res		Conditions, if any,		DUE TO, C	S'MA	L BOU	IEL MESE	NTERY	TORSI	Ton	DA	+45
tw. pre		gave rise to imm cause (a), statin underlying cause	ig the	DUE TO, OR AS A CONSEQUENCE OF								
RDS, 20 equires n signed Then ple r to buris injury, a	NO	PART 2 OTHER SIGN		ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISE	ASE OR CONDITION	ON GIVEN IN	PART 10	
ne low ron. no low ron.	CERTIFICATION	19a DATE OF OPERAT	TION	196. CONE	OITION FOR WH	HICH OPERATIO	N WAS PERFORMED	200 AU	IN	D. IF YES, WE CERTIFYING YES []		
DIVISION OF VITAL RECORDS, ING PHYSICIAN. The low require offending physician. Viter this certificate has been sign as the burial-transit permit. There hand Amental Hygene prior ha backed or them 18 shows ony injury or wheal or them.	/	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DEA	TH HOUR A	OF INJURY L.M. MONTH	DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER	NATURE OF INJURY IN I	ITEM 18 PART I C	OR PART 2)	
C PHYS of tending sthe burner was the burner when the contract of the contract	MEDICAL	21d INJURY OCCURE	RED	21e PLACE	OF INJURY	FICE, FARM ETC)	211 LOCATION STREET		CITY OR FOWN		OUNTY	STATE
TTENDIN pital or TOR: Affar use a of Health	1	22a I certify that (I) saw the decease above (I) (we)					- 19 , 19 d	nian death accui	red an the date o	nd hour and	7	that (1) (we) last causes stated
AL OR A the has AL DIRECTACHED POT.		226. SIGNATURE	D	my Sym	ı		DEGREE ATTENDIN PHYSICIA	MEDICA DIRECTO	L STAFF DR PHYSICIAN	_	221. DATE	SIGNED 25-87
TO HOSPITAL TO FUNERAL Should be deto		22d. PHYSICIAN'S NA	CHIE CI	THE PARTY			22e ADDRESS					
5 € 5 € § ₹	23a	BURIAL, CREMATION,		23b. DATE			EMETERY OR CREMATO		CATION ITY OR TOWN	COI	UNIY	STATE
BP		buria.					Lawn Mem. H	ark Ha	gerstown	, Wash	1., M	aryland
DHMH - 16 60M 7/84		15 East Wi			NERAL H			DATE REC'D. BY	REGISTRARYS	a Dans	S S S S S S S S S S S S S S S S S S S	
(VRA 15, 4)	4	13 East W1.	rson	prvq.,H	agersto	wn, MD.	21/40	DOMOG	1301 8		-	

STATE OF MARYLAND

120 NO. Lymbron V. Louis C. Depute Langue.

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ofter

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 20. DATE OF DEATH MONTH MIDDLE 2b. HOUR Michael June 5, 1987 10:31A M Alexander DEGEORGES 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 4 RACE MONTH Feb. 25. 1983 Male White To. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary land II.S.A. Washington WIDOWED DIVORCED []

19	На	gerstown	Washing	HOSPITAL, NURSING HOME H FACILITY, GIVE STREET ADDRESS? ton County Ho	spital	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O NONE		12b. KIND OF BUSINESS OF INDUSTRY None	
35	13a S			GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN Smithsburg	13d INSIDE CITY LIMITS?	Rt. 2, Box	ZIP CODE	21783	
10	14. FA	Nicolas	MIDDLE	DeGeorges	Vicki	AME	C:	rabtree	
1		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C	RMED FORCES?	166 SOCIAL SECURITY NO. 220-08-9236	Nicolas J.	DeGeorges, S			
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	ATE CAUSE (a)	Caraco pu	lowonary	arrut		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	
		Conditions, if any, which gave rise to immediate cause (a), stating the	(b)	R AS A CONSEQUENCE OF	luis Syn	ol one		4 4x 4 m	
	N.	underlying cause lost. PART 2. OTHER SIGNIFICANT	CONDITIONS CO	DNTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER!	MINAL DISEASE OR CON	DITION GIVEN IN	N PART 1101	
2	TIFICATION	underlying cause lost. PART 2. OTHER SIGNIFICANT	CONDITIONS CO	DNTRIBUTING TO DEATH BU		MINAL DISEASE OR CON	20b. IF YES, WE	RE FINDINGS USED CAUSES OF DEATH?	
29	EDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT	(c) (CONDITIONS CONDITIONS CONDIT	ONTRIBUTING TO DEATH BU TO N TION FOR WHICH OPERATION FINJURY M. MONTH DAY YEAR M. 19 OF INJURY	216. HOW INJURY OCCUR	200 AUTOPSY? YES NO X RRED (ENTER NATURE OF INJU	20b. IF YES, WE IN CERTIFYING YES RY IN ITEM 1B PART I C	REFINDINGS USED CAUSES OF DEATH? NO DEPART 2)	
29	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICAND 198 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEETHER NOTHER MEDICAL EXAMIN	CONDITIONS	ONTRIBUTING TO DEATH BU TO N TION FOR WHICH OPERATION FINJURY M. MONTH DAY YEAR M. 19 OF INJURY REET FACTORY, OFFICE FARM, ETC.) e deceased from 19	216. HOW INJURY OCCUR 216. LOCATION STREET 216 LOCATION DEGREE	200 AUTOPSY? YES NO X RRED (ENTER NATURE OF INJU CITY OR TO	20b. IF YES, WE IN CERTIFYING YES THE PART I COMMENT OF THE PART I	RE FINDINGS USED CAUSES OF DEATH? NO DEPART 2) SOUNTY STAT	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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Thing and, Smithsburg, Md., 21783

Md STATE Smithsburg Crematory Smithsburg, Wash.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

JUL Dividson-Randale sionel elementes erieures aune 5, 1507 to lie. Fen. 25, 1983 . 4 . 4 . 4 choice factors, where normaline process ESTE MALES S. JH TA LT LT LT TO . new . . to Manage Hu devider. - Test-11-4 For Mechanic, Lebroryce, dulthouse, id. The state of the contract of t avia familiario, Astr. Tab., 2000 and administration

STATE OF MARYLAND FOR 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTI	RAR				CERTIF	ICAIL OI	PLAIN		REG. NO)	23-			1
I. DECEASED N	IAME	FIRST	,	MIDDLE		AST		20 DATE OF	DEATH	MONIH	DAY Y	EAR	Zb HOL	R
[TIPE OR PRINT]	H	070	1	MAR	Di	RENN	IER			6 =	27 5	87	1:1	3 P
3. SEX		1	, RACE		S. DATE O	OF BIRTH		6 AGE (IN Y	EARS LAST BIRT		IF UNDER I	DAYS	IF UNDER	24 HF
F	emale		Whit	е	Sept.		1913		73	YRS	MOINTIS	0213	HOURS	TAV I
To BIRTHPLAC	(STATE ORFO	DREIGN 7	L CITIZEN OF	WHAT COUNT	RY? 8	D NEVER	MARRIED T	9 BALTIMO	RE CITY O	COUNTY	OF DEA	TH		
Mary	land	5 - 1	USA		WIDOWI		NORCED [WAS	HINGT	ON				
Hager		TH 1			RSING HOME (TREET ADDRESS) LOUNTY			12a USUAL C (TYPE OF WORK House	occupation for most of wife	ON WORKING LIF	17b K INDU	IND OF STRY OME	BUSIN	SS
USUAL RESIDE 130 STATE Maryla		13P CORN.	other institution iy ngton	Sharps	efore admission) TOWN Sburg	13d INSIDE (NO X	Rt.1				2:	1782	
14 FATHER'S N	AME RST		IDDLE	LAST	33311	15. MOTHER	'S MAIDEN NA	AME	MIDDLE		H	LAST	100	
Thom			-	Myers	5	Ada		Ali					rgan	
160 WAS DECE			NED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORM	ANT	70-7	ADDRE	SS	M	D :	2178	2
no	INKINOWN)	(11 123, 0112		219-20	0-1285	Albert	L.Dre	nner,Jr	.Rt.1	Bx#	374	Sha	rpsb	uı
18 CAU	E OF DEATH	(Enter only	one couse per	line for (a), (b	, ond ()	1	- 16	7			BEI	APPROXIA I WEEN O	NATE INTE	DE /
PARI	I. DEATH WA	AS CAUSED IMMEDIATE		Car	da	0.6	act	me	-			30	Zan	2.
PART 2		IFICANT CO	ONDITIONS CO	1 1 1 1	TO DEATH BUT			MINAL DISEASI		DITION GIV			gr.	
JE IN DAI	OF OFERAL	1014	178. COND	ITIOIN TOR WI	TICTI OF ENATIO	NA WASTERI	JKMED	YES [NOT	IN CERTIF				H?
	DENT WAS UNDER	AUSE OF DE AT	HOUR A.	M. MONTH	DAY YEAR	21c. HOW II	NJURY OCCUP	RRED (ENTER NA		1		ART 2)	140 [J
Y	IRY OCCURR	ED	21e. PLACE			21f. LOCAT	ION		CITY OR TO	WN	COUP	NTY		STATE
			al) attended th	e deceased fr			19	, to			19		hat (l) (
abo		d alive an id) (did nat	view the body	after death.	19, 0) (aur) opinion	death accurred on the date and hour o						
27b. SIG	hard	2,9	Hear	m	1-0			TTENDING MEDICAL STAFF HYSICIAN DIRECTOR PHYSICIAN				DATE S	7-8)
22d. PHY											-		1	
1.0	sician's na erles	ME LIYPE OR	PRINT) 4/055	M-	٥.	Sm.	eths	borg	Md) _				-
23a. BURIAL, C	erles	F-1	,		23¢ NAME OF C	Sm	eths	borg 238 TOCA	M d) _	COUNTY	,		STATE
	REMATION, R	F- /	4/0 5 3 236. DATE		O, Range OF C	SM	CREMATORY CERY	CITY	PSBUR	G Was	hing	ton	Mar	

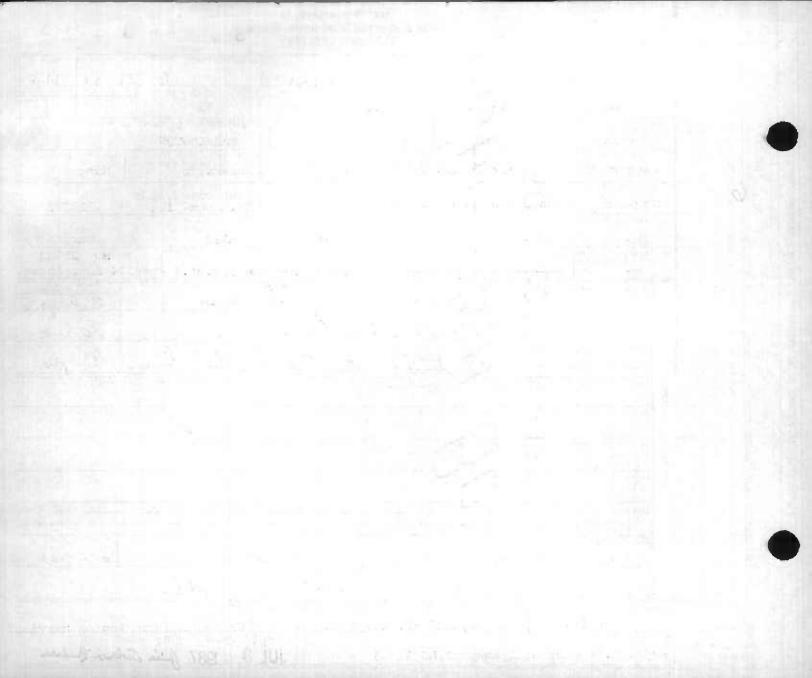
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been

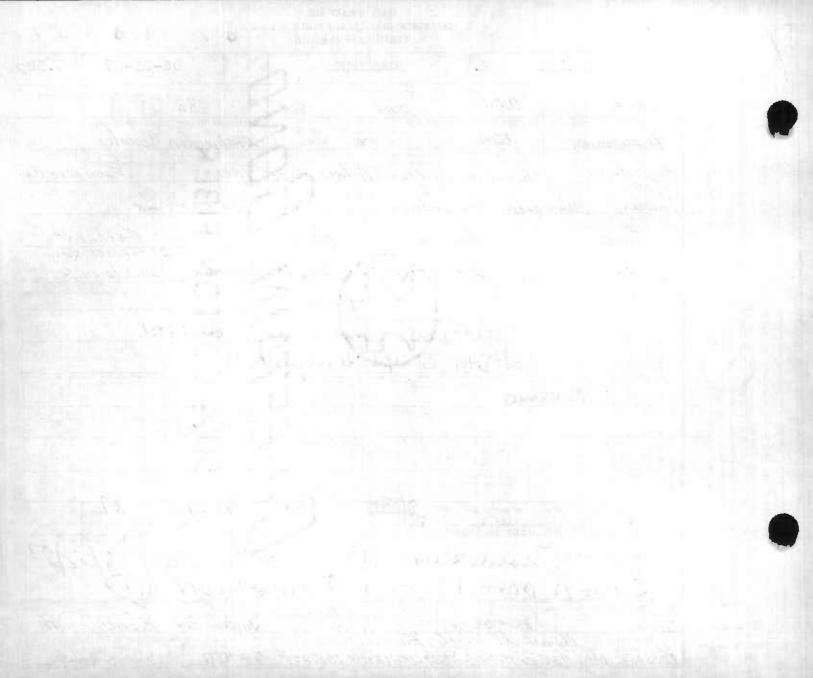
Major M.Osborne Williamsport, MD 21795

Julia Davidson Randalla



JUN 25 1937 free Michael States :

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME (TYPE OR PRINT) eslie 4 RACE 5. DATE OF BIRTH 3 SEX 01 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE MARRIED NEVER MARRIED Maryland 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY refrigeration purchasing 21740 136 COUNTY 13e STREET ADDRESS / ZIP CODE 130 STATE Hagerstown 302 North Potomac Street Maryland Washington 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE FIRST Edgar C. Fierv Katie Roessner ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LIE YES GIVE WAR OR DATEST 214-09-0021 Mr. Max C. Fiery, Hagerstown, Maryland no 18 CAUSE OF DEATH Enter only one couse per line for PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse PART 2 OTHER SIGN CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN JART 1 .. CERTIFICATION 190 DATE OF OPERATION WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES | 710 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 210 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 220 1 certify that (1) this hospital) attended the deceased from our) opinion death occurred on the date and have and from the causes stated 276 SIGNATURE ATTENDING PHYSICIAN PHYSICIAN [

DHMH - 16 60M 7/84

74 FUNERAL DIRECTOR 415 East Wilson Blvd., Hagerstown, Maryland 21740 JUN (VRA 15. 4)

230 BURIAL, CREMATION, REMOVAL

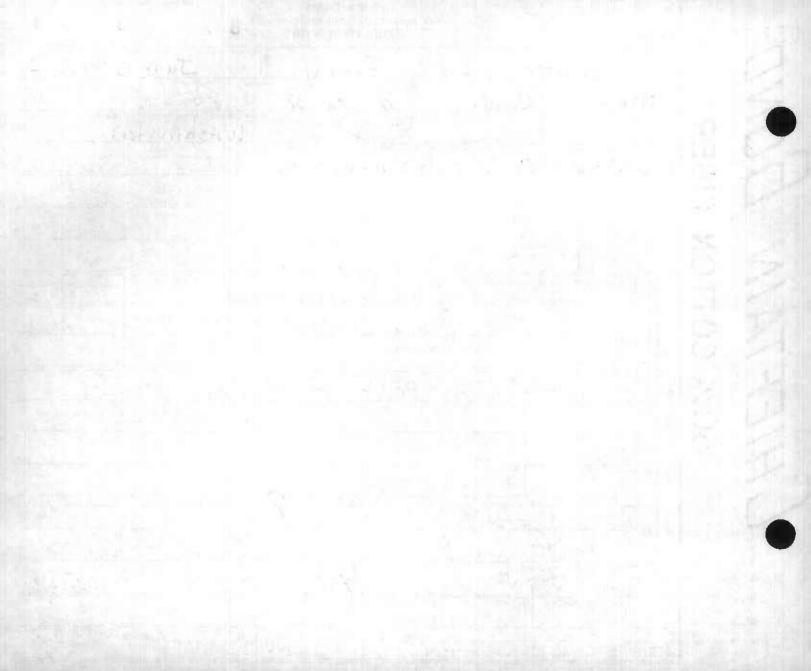
burial

MINNICH FUNERAL HOME

73¢ NAME OF CEMETERY OR CREMATORY June 16,1987 Rest Haven Cemetery

23d LOCATION

Hagerstown, Wash., Maryland 250. DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SIGNATURE lia Davidson-Ka



A.K. Coffman Funeral Home, Inc.

ALVERTA

- STATE

LTYPE OF PRINTS

- REGISTRAR

DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

HATTIE

Washington County 126. KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 21740 13e.STREET ADDRESS / ZIP CODE 1417 Kensington Drive Rogers 1740 Edgewood Hill Ci Hagerstown, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH years CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) STATE and that in (my) tour) opinion death accurred on the date and hour and from the causes stated 22¢ DATE SIGNED 6/10/87 PHYSICIAN DIRECTOR PHYSICIAN 580 Northern Ave., Hagerstown, Md. 21740 SPECIFY) 6-10-87 Smithsburg Crematorium Smithsburg, Washington Cremation

Hagerstown, Md 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FLEAGLE

REG. NO

MONTH

2h HOUR

IF UNDER I YEAR

dea Davidson Pandall

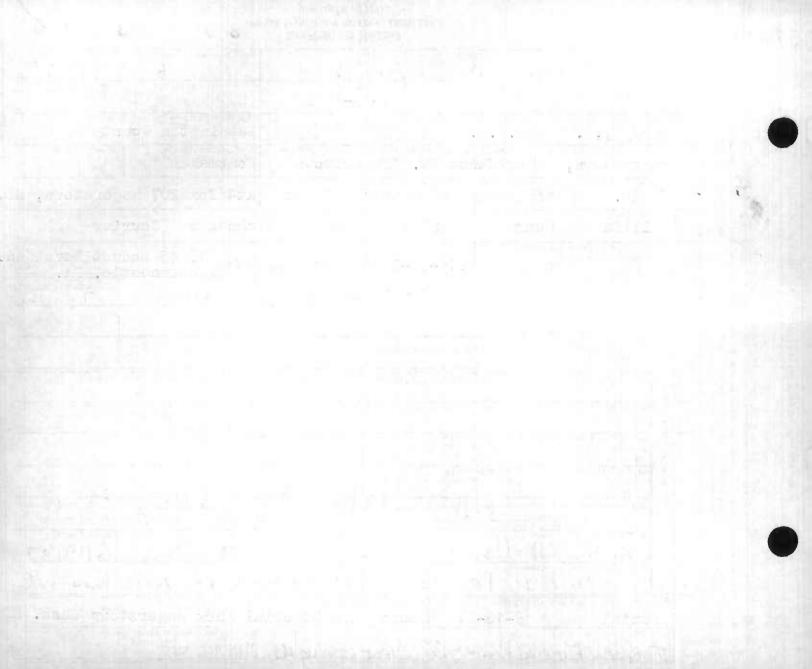
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IF UNDER 24 HRS

20 DATE OF DEATH

July and to the control of the contr -- 25 - 2-727 - 1. Utasile Laquintonn, ind Cresuries 6-10-87 Surtherurg Couldetering Sulthaburg, Washington F. M. anotebas 151 .bnl .bmox farsnul naml 20

				STATE OF MARYLAND		
0.74 .1011	17	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	8 3 1 0
		CEASED NAME FIRST	WIDDLE	LAST		AY. YEAR 26 HOUR
oy be	(TYPE	ORPRINT) EUE	yn A f	Forsyth	6 1	1 87 3 4
ctor, po	3 SE			7°113-1°903 YEAR		FUNDER ! YEAR IF UNDER 24 HR
med din	200	THPLACE (STATE OF FOREIGN		MARRIED NEVER MARRIED NIDOWED DIVORCED	Washington Cou	
1300	VI.	gerstown,	Residence Russian	HOME OR OTHER INSTITUTION PRESENTAGE PROPERTY OF THE PROPERTY	120 USUAL OCCUPATION THOSE WORKING LIFE	126 KIND OF BUSINESS OF INDUSTRY
35	USU.	TATE 136	Shing to the Hagers	TOWIL 134 INSIDE CITY LIANTS?	IN STREET MODRESS 2 ZIP COM	agers town,
20		THER'S NAME ill'I'am F	emry Price	Bettyst B		rier LAST
Poper /		AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN] (IF YES) (IF YES)	GIVE WAR OR DATES)		ebohn 13945 Loc	cust Level
recognition that the decision is a second of the office of the price o	CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICA	DUE TO, OR AS A CONSEQUENT (c) IT CONDITIONS CONTRIBUTING TO DE.	ATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
The lo] FE				YES NO YES	
SKIAN.	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	DEATH HOUR A.M. MONTH DAY (NER) P.M.	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
of the state of th	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FARA	M. ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDER Display to ECTOR, at differ use at a of Health		saw the deceased alive	on 19	, and that in (my) (aur) apinion	death accurred an the date and haur	9, that (1) we) and from the causes stated
#2 #25 F		226 STONATURE	1 (On 1	DEGREE ATTENDING PHYSICIAN P	MEDICAL STAFF DIRECTOR PHYSICIAN	22C DATE SIGNED
EFAL DI EFAL DI Store Dental	-	278 PHYSICIAN'S NAME IT	PE OR PRINT)			101,418
3 3 3 3 5		278 PHYSICIAN'S NAME (1	H. KASS II	1925 160 V	well Rd Hege	ustown ho
OSPITAL ed by th UNEFAL id be dett the State	230 E		17. CASS 11.	22e ADDRESS	vell Rel 1-Lege	town Wash's



	1-	FOR STATE	DEPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	0 /	8 3 ! !			
A 4 (100)	1 DE	REGISTRAR CEASED NAME FIRST		AST .	REG. NO.	Y YEAR 126 HOUR			
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pog pog	3. SE	(4 RACE 5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS			
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be execut on and ca s. Pages 1		VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECURITY NO. 214-09-0900	Orville D.		Irvin Ave.			
physicide on popers emovol.		PART I. DEATH WAS CAUSED	ly ane cause per line for (a), (b), and (c) D BY Conge E CAUSE (a)	estive Hear		BETWEEN ONSET AND DEATH 5 yrs			
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IG PHYS ottendin ter this c s the but n and Me	MEDICAL	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
TOR. Affor use of Health	Ŕ	220 I certify that (I) (this haspit saw the deceased alive on above, (I) (we) (did) (did not	al) attended the deceased from		to 5/30 87, 19 death accurred on the date and haur a	that (I) (we) last			
HOSPITAL OR A FUNERAL DIRECTOR WITH STORE DEPT. In the Store Dept. In		226. SIGNATURE	L MO		MEDICAL STAFF CORECTOR PHYSICIAN	6/3/87			
TO HOSPI retained b TO FUNE should be with the S		22d PHYSICIAN'S NAME (TYPE OF	. Lesh MD		on Avenue, Hage	erstown,Md.			
BP	- (URIAL, CREMATION, REMOVAL SPECIFY) Burial		emetery or crematory aven Cemete	ry Hagerstown,	Washington, Mc			
DHMH - 16 60M 7/B4 (VRA 15, 4)		.K. Coffman	Funeral Home, Inc	stown, Md	E REC'D. BY REGISTRAR 2514 REGISTRA UN 8 1987 Julia De	R'S SIGNATURE LAND			

THEL . L DUNG TO THE ROOM AND THE 2009. 23, 18119 .A.2.0 bnoives Datingtown 137 Mast Tryin Systems | Name of 157 Master Maryland | Washington | Department | | 132 East dryin Aronne 132 Feet Tryling Ank itseastant mor . . allies nore - IT - - -SOURCE CAN DESCRIPTION STATES TO SEE STATES OF THE SECOND STATES OF THE SECOND STATES OF THE SECOND STATES OF THE SECOND Banding Bildore Daore To Washing 18 02 2 5 30 ET oll meeta const memora was like and many in a middlew -1-97 Book Beers Compley Hagerstown, lowkington, ac. Land Stone A.K. Coff. an Funeral done, Inc.

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH Jr. William (TYPE OR PRINT) OF ESTI-GARDENHOUR 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED Feb.8.1935 52 Male White YRS 76 CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary land U.S.A. DIVORCED X WIDOWED [ID CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Smithsburg Route 2 Fruit Grower Orchard USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE Wash. 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Smithsburg Rt. 2. Box 433 21783 NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Gardenhour Sr Ma bel George Hoffman 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO Md. IYES, NO, OR UNKNOWNS 218-30-9309 Mr. G. William Gardenhour III Smithsburg no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) GUNSHOT WOUND TO THE HEAD - N-854 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY CATHOME. 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE 22a. I certily that I took charge of the remains described above, held on Inspection PAGE 4 SHOULD BE FOUND TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTMORE, MARYLAN ACTUAL SIGNATURE EXAMINER'S NAME HAGERSTOWN -TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL TA DATE Smithsburg. Wash. June 10. 1987 Smithsburg Cemeters 07/84 25M 24 FUNERAL D 750. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

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DHMH - 16 60M 7/84 (VRA 15, 4)

should be 0

> 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 East Wilson Blvd., Hagerstown, Maryland 21740

23a BURIAL, CREMATION, REMOVAL

burial

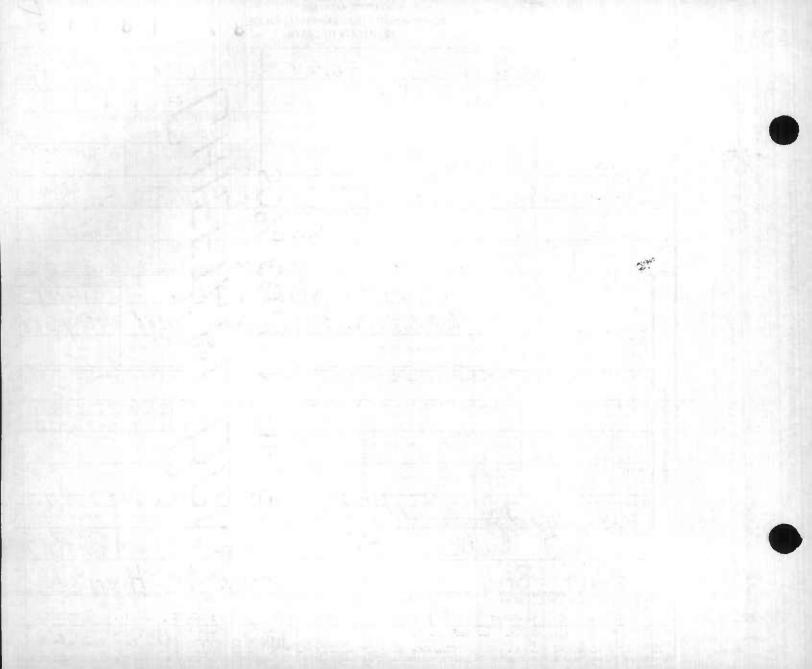
231 NAME OF CEMETERY OR CREMATORY June 16,1987 Rose Hill Cemetery

STATE OF MARYLAND

23d LOCATION

Hagerstown, Wash., Maryland

STATE



(VRA 15, 4)

Devidson- Randall

STATE OF MARYLAND

TILICIE CIRRIERE COLTE CONTRACTOR OF THE COLD OF THE C party eres, or cream writer plant transport to the first of the f according to desire doubt desired bright mode out Tallored Frag Coots .c.1st daily 1520 Dual Hanney Yes the Till of the second to the second the second that The state of the s Horist Latett Kore Litt War niets de contente van de latett

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME Elizabeth 20 DATE OF DEATH 2b HOUR (TYPE OR PRINT) JANE 300 4 RACE 1 SEX S DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY UNDER 1 YEAR IF UNDER 24 HRS MONTH female white October 31,1909 BIRTHPLACE ISTATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COLINTRY USA Washington Maryland WIDOWED DIVORCED T CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Western Maryland Center housewife Hagerstown 13g STATE 13h COUNTY 13d. INSIDE CITY LIMITS? 130.STREET ADDRESS / ZIP CODE Route 2 Williamsport Maryland Washington NO X A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Semler Beachtel. Wilbur Edna 166 SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LYES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213 80 3873 Kenneth N. Grove, Hagerstown, Md. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) HAS A CONSEQUENCE OF Terio saleratio Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN 22e ADDRESS ORT D = 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Rose Hill Cemetery June 5,1987 Hagerstown, Washington, Marylan BP buria1 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 250. DATE REC'D: BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO (GUESSEO)RED IL DECEASED NAME GRVACE VIOMAVIE 20. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS Viola Grace IF UNDER THES 1. SEX & AGE TIN YEARS LAST BIRTHDAY IF UNDER I YEAR July 25, 1903 Female White BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Washington County (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife walm Manor Nursing Home 21740 1130 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 11 West Baltimore Street Washington Hagerstown 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Raleigh Sarah Krissinger Howlett George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 173 Manse Rd. 20-12-1197 Clarence E. Guessford Jr., Hagerstown, Md APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last CERTIFICATION 015 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO -YES [] 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY STREET COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC 1 WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an_ and that in (my) (aur) apinion death occurred an the date and have and from the causes stated abave, (1) (we) (did) (did not) view the body after debt 226 SIGNATURE 22c. DATE SIGNED

22e ADDRESS

ATTENDING

PHYSICIAN

23e BURIAL, CREMATION, REMOVAL SPECIFY Burial

Cedar Lawn Mem. Pk.

Hagerstown, Washington, Md.

24 FUNERAL DIRECTOR

Hagerstown, Md 250 DATE REC'D BY REGISTRAR 250 REGISTRAR 35 SIGNATURE

MEDICAL

DHMH - 16 60M 7/84 (VRA 15, 4)

Dept

ld b

IMPORTANT

7-3-87

Funeral Home, Inc. Coffman

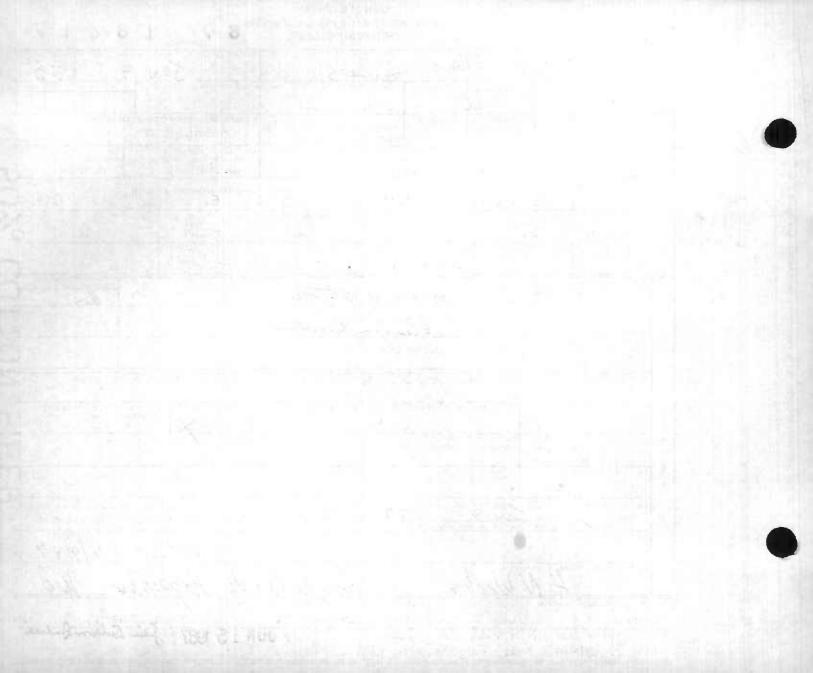
DIRECTOR PHYSICIAN D

Charte Area (27.82.2.1.2.2. Penale white guly 25, 1903 A. 2.U hasiyasi your to return it DATES (20-12-1137 Clarence B. Guenarord Jr., Maganetown, he

DHMH - 16 60M 7/84 (VRA 15, 4)

415 E. Wilson Blvd., Hagerstown, Md. 21740

10



REGISTRAR

1 DECEASED NAME

13e STREET ADDRESS / ZIP CODE 976A Security Road 21740 Garvick Pansye Mae Hann, Hagerstown, Md. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 220 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN St. Hagysboun MD 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Hagerstown, Wash., Maryland burial June 12, 1987 Rest Haven Cemetery 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME DHMH - 16 60M 7/84 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO 20 DATE OF DEATH MONTH

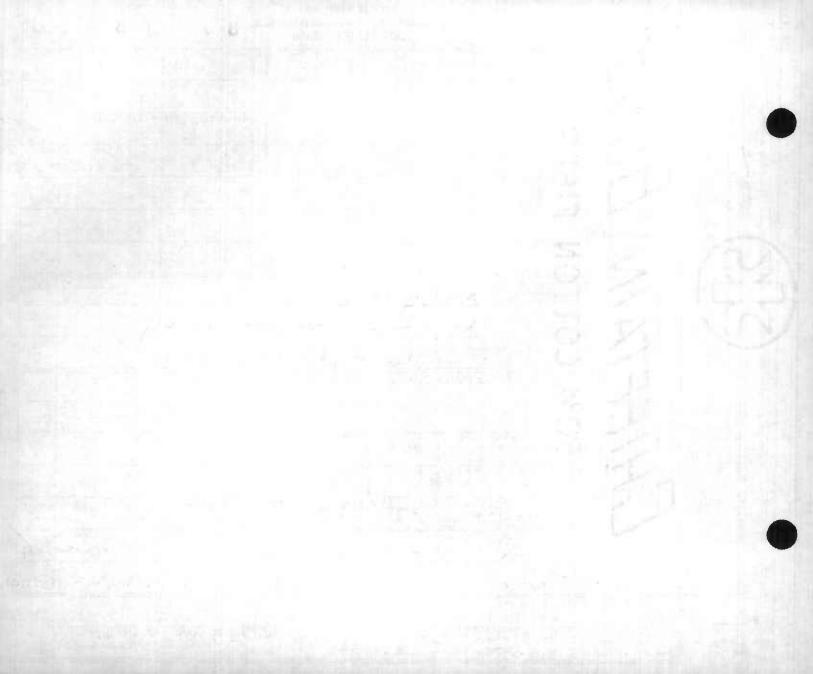
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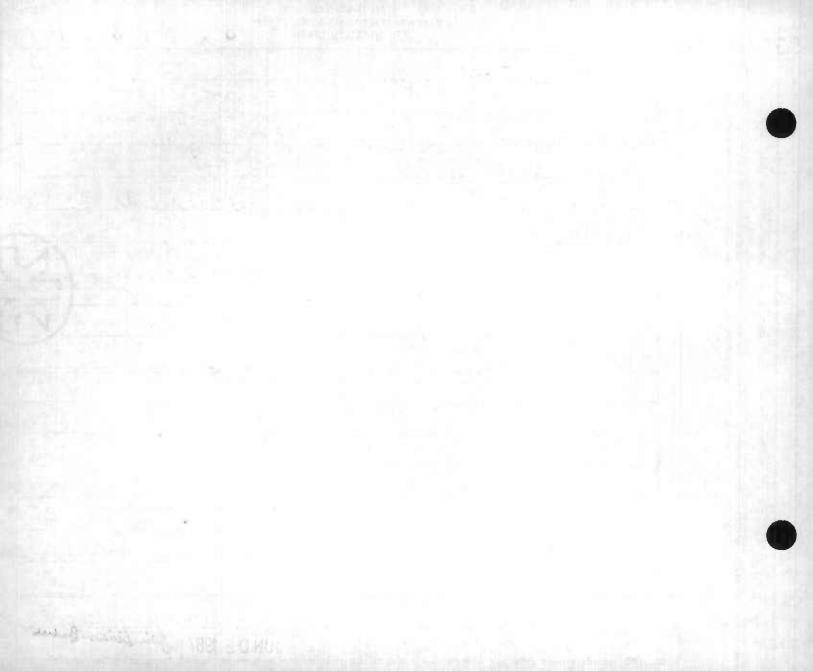
aircraft

IF UNDER 21 HRS

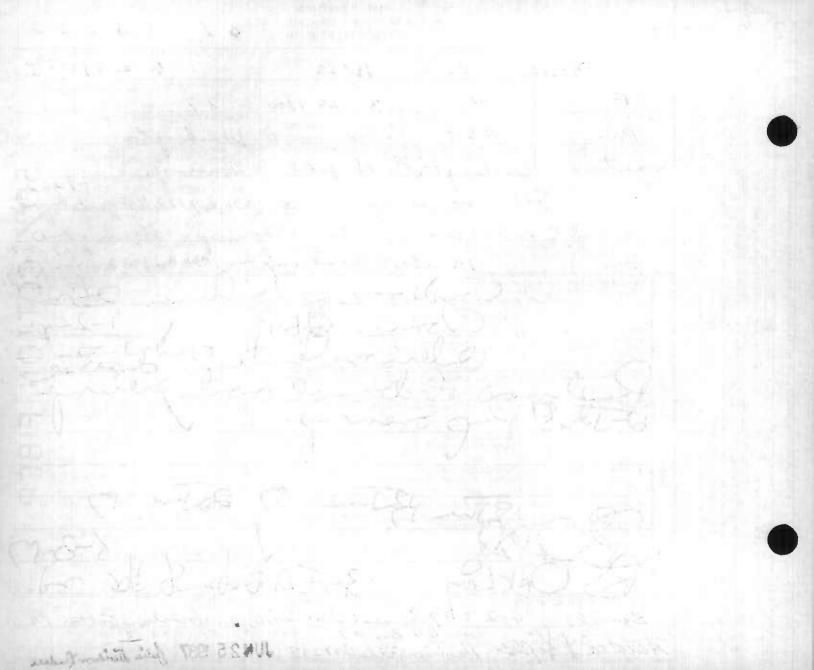
176 KIND OF BUSINESS OR



STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) Stella Hess 26 aom. 3. 5EX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR 1900 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED X DIVORCED [IS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 1 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 4 FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? M SOCIAL SECURITY NO T/ INFORMANT LIF YES, GIVE WAR OR DATES! 18630 6170 18 CAUSE OF DEATH (Enter only one count per line for a PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE INSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the CA A CONSEQUENCE OF underlying couse lost. ART 2. DINES LICALIFICANT CONDITIONS CONTRIB ING TO INATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 194: CONDITION FOR WHICH OPERATION WAS PERFORMED 20s. AUTOFSY? 70s. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF DEATHY YES ! 21a. ACCIDENT WAS UNDERLYING 21s. TIME OF THE HOW INJURY OCCURRED | EMISSIONATURE OF BUILDINGS OF PART & GRIPART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY 12s.1 certify that (1) (this hospital) granted the decreased fro and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL 236 DATE DHMH - 16 60M 7/84 (VRA 15, 4)

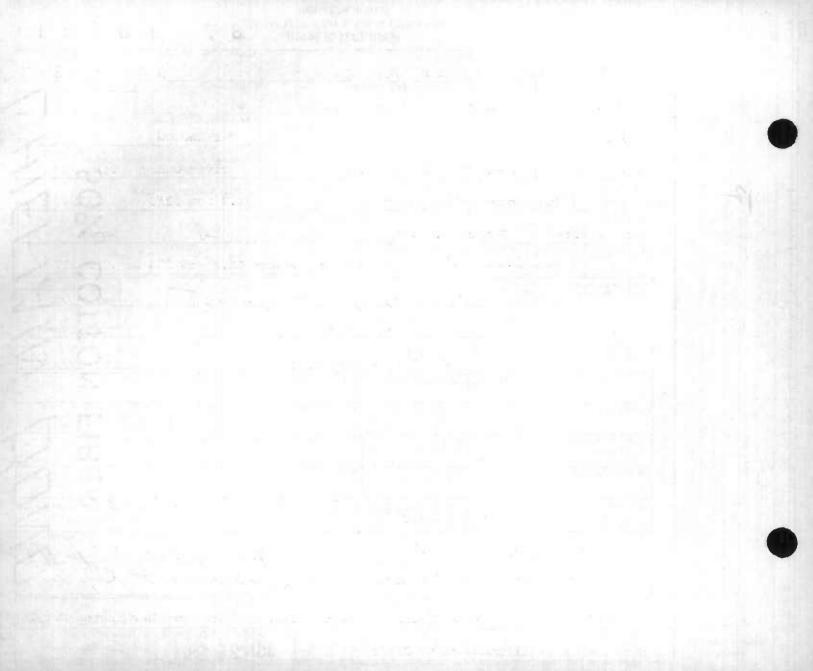


Major M.Osborne Williamsport, MD 21795

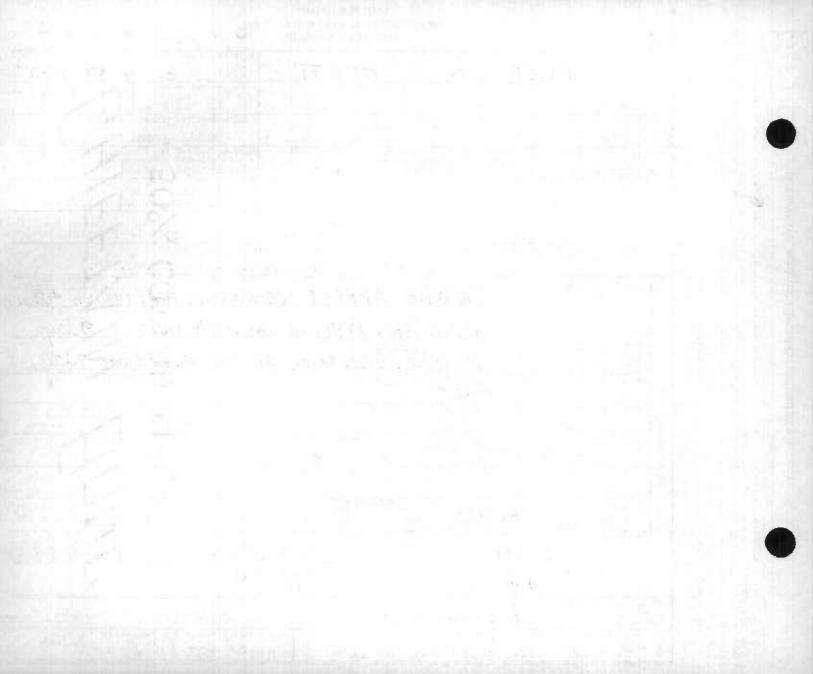
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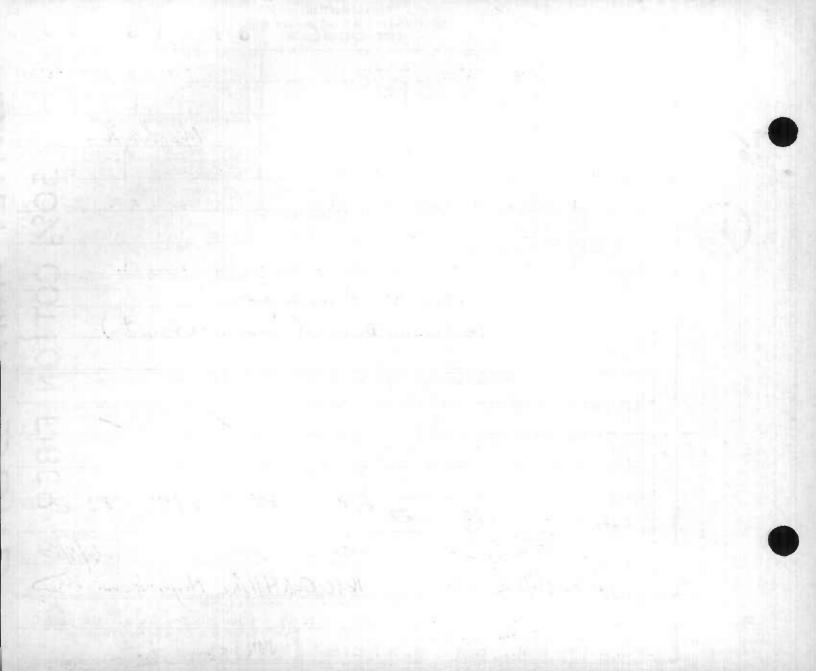
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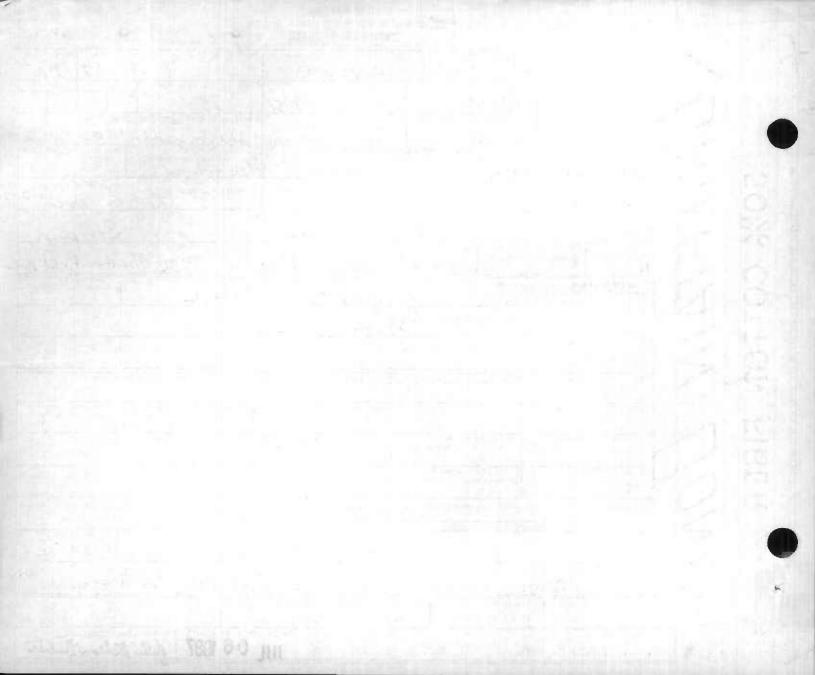


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		4		CEASED NAME FIRST		WIDDLE	Ł	A51	20. DATE OF DEATH MONTH	DAY YEAR	2h HOUR
	ay be age 3 death				1CF	М.	H	0 .2 .	6.	4.87.	8.22 au
	a po		3. SE)		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
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	P. P.	2	7a. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI	NEVERMARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH	
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	er d	100	10. CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
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YLA	thin rely 2 sh	1 1 m	14 FA	THER'S NAME				15. MOTHER'S MAIDEN NAM			
MARYLAND 2120	w ba	28/		Robert Ma	rion -	Huss		Bertha	WIDDLE	Pipel	OW
R.	d co	icol		AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECT	IRITY NO.	17. INFORMANT	ADDRESS		
BALTIMOR	be exe	е шес	,	no la continuada	OIVE WAR OF DATES)	359-20-7	072	Robert D.	Huss, Hagerstow		
ST.,	g physicing physicing	event, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	anly ane cause pe SED BY: IATE CAUSE (a)	ACDIA C	dici.)	PREST_COR	VGESTIVE HEAR	TALUM!	A Shals
PRESTON	oth co	matic			DUE TO,	R AS A CONSEQU	ENCE OF	MUDERANIA	L. INTERPLEATION	a	dans
RES	e off	trau		Canditians, if any, which gave rise to immediate	(b) L	ACOUS H	NI	IN JUCHICUIA	LINFARTION	-	cours
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DIVISION OF VITAL RECORDS,	offer of the street	rked	W	WHILE NOT WHILE AT WORK	(AT HOME, S	TREE1, FACTORY, OFFICE, I	ARM, ETC.)	SINEEL	CHYORTOWN	COUNTY	STATE
۵	A A A	s mo	-	22a I certify that (1) (this ha		he deceased fram_	5/2	8/87 19	ta	. 19	, that (1) (we) last
	ATTEND aspital a ECTOR.	21 2		saw the deceased alive above, (I) (we) (did)	an 6 +3 /	v after death	, or	nd that in (my) (our) apinion o	death accurred on the date and ha	ur and from the	causes stated
	has has	e a		226. SIGNATURE	4	y diter death.		DEGREE	,	22c. DATE	E SIGNED
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	5 - 25	TAN /		224. PHYSICIAN'S NAME (TYP	E OR PRINT	1		22e ADDRESS	7 . 1		
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	52 54	1 3/	23a B	URIAL, CREMATION, REMOV	AL 23b. DATE	23(_)	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
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eoth. Po	nerol dir in 72 hou	5		THPLACE (STATE OR FOREIGN 1	LSA	MARRIE WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE CITY S	R COUNTY OF D	EATH (10	MD.
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- 15	physicio un popers emovali.			8 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	b), and (c).)	inatory	anos-		APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
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201	W			underlying cause last. PART 2 OTHER SIGNIFICANT CO	(c)ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	IDITION GIVEN IN	PART I(a	
IVISION OF VITAL RECORDS.	September 1	7	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES	CAUSES OF D	USED DEATH?
SCIAN T	conficut con	_		(If EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	H DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I C	RPART 2)	
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DH	MH - 16 60M 7/B4 (VRA 15, 4)	1	Wm.	NERAL DIRECTOR C. March F/H	West 4300 Wâb	ssh Ave		TE REC'D. BY REGISTRAN	11 -	A	due



57500 JUN 24	FOR STATE REGISTRARCHARL	DEPAI ES RAY JACOBS	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO.	325
noy be poge 3	1 DECEASED NAME A FIRE	ARLES RAY	Jacobs	20. DATE OF DEATH MONTH DA	920 PM
s offer.	3. SEX Male	4 RACE White	Sept 15, 1924		FUNDER LYEAR IF UNDER 24 HRS
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on the full of the	10 CITY OR TOWN OF DEATH Hagerstown	II. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Washington	SING HOME OR OTHER INSTITUTION SEET ADDRESS) County Hospital	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Handicaped.	126. KIND OF BUSINESS OR
BALTIMORE, MARYLAND 2120 cote be executed with 24 hours ysicion and condetely fined in by ppers. Pages 1 and 2 should be fill you.	Maryland Was	me or other institution give residence ser COUNTY 136 CITY OR TO Shington Hagers	DWN 134. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 55 East Washi	21740 Ington Street
MARYL ondered	14. FATHER'S NAME FIRST Clayton	E. Jacobs	15. MOTHER'S MAIDEN NA	Mae Snook	LAST
IMORE, be executed and ord control ord control ord control ord control ord control ord	160 WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (18)	ES GIVE WAR OR DATEST	CURITY NO. 17 INFORMANT 2-0510 Madeline I	ADDRESS 17 P L. Swope Hager	oint Salem Rd
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAL NG PHYSICIAN. The low require that the stroth certificate ottending physician. If the this certificate has been sayed by the oriending physici as the burnol-transit permit. Then the purpose corbonopopes the and Mental Hygiene prior to burnol termotics, or removal. The property of the property of the purpose of the property of the property of the purpose of the property of the purpose of the property of th	Conditions, if ony, whi gove rise to immedio couse (a), stating to underlying couse to	DUE TO, OR AS A CONSECUTION OF THE CONSECUTION OF T	SUENCE OF	Eint Bisness	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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PITAL OR by the hub th	22b. SIGNATURE	lysal		MEDICAL STAFF	DATE SIGNED
HOSPI ined b FUNEF vid be vid be ortan	22d PHYSICIAN'S NAME	1101124 Ann	22e ADDRESS Jan	m clive/aid	De 916 / 11

23c NAME OF CEMETERY OR CREMATORY

Rest Haven Cemetery H

V Hagerstown, Washington,

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL BURIAL

24 FUNERAL DIRECTOR

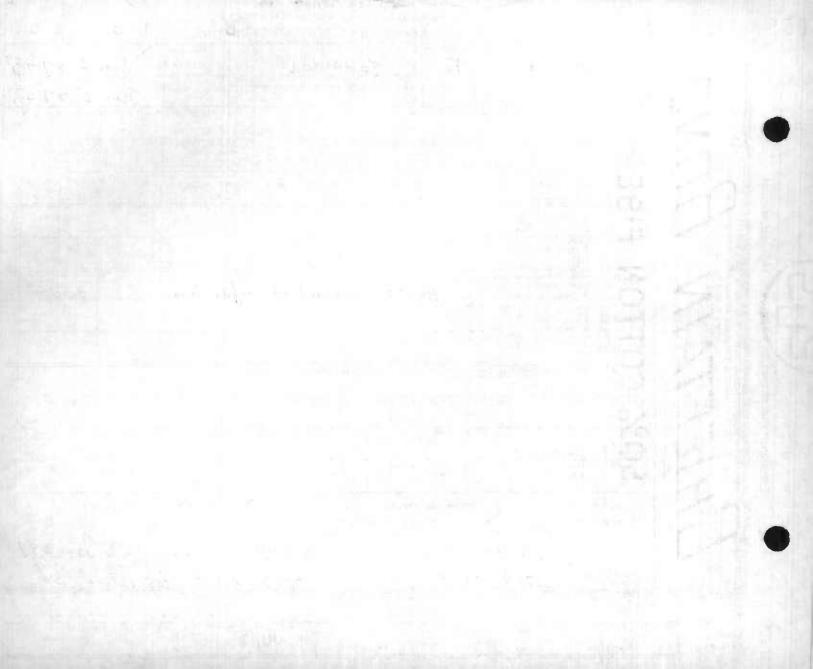
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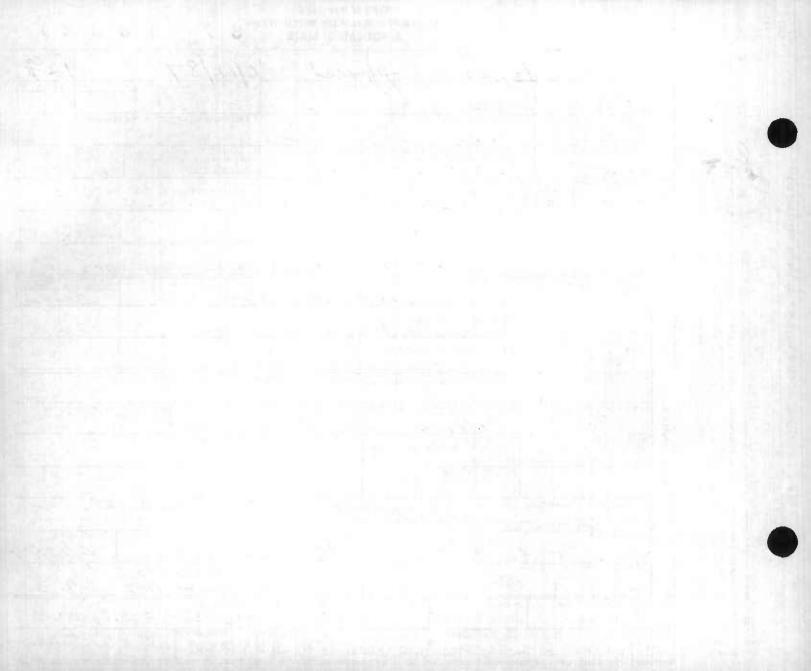
6-17-87 A.K. Coffman Funeral Home, Inc.

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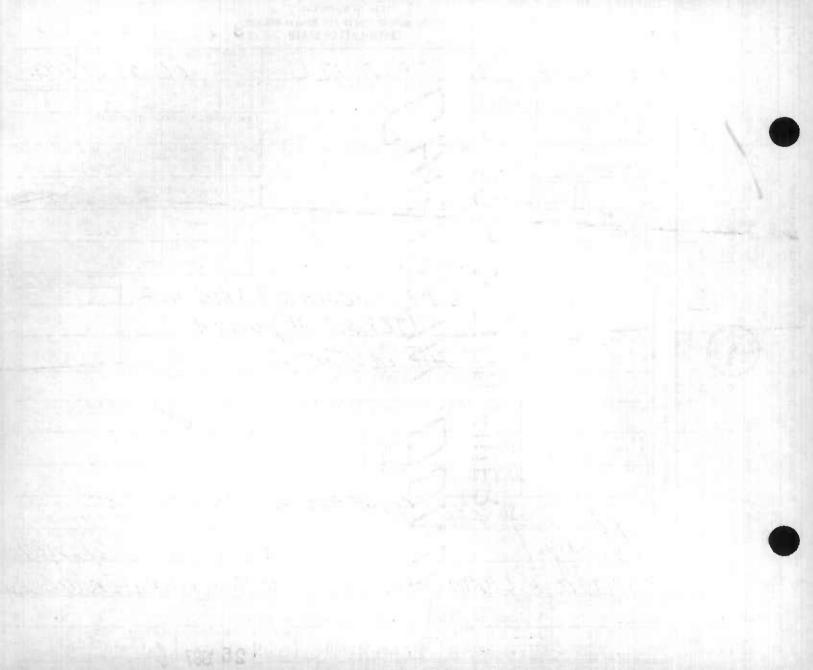
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE DECEASED NAME Thurston 20 DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED DATE VEAD LAST BIRTHDAY PRONOUNCED Apr. 14,1922 65 DEAD To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRY) Washington New York USA DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY machinist Hagerstown Washington County Hospital aircraft HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS UAL RESIDENCE (IF IN NURSING 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 113e STREET ADDRESS Baltimore Baltimore 3509 Shady Lane 21207 Maryland FATHER'S NAME 15. MOTHER'S MAIDEN NAME Theodore Т. Johanson Elvira Limpa 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS I HE YES, GIVE WAR OR DATES! ves Marines 096-09-7472 S. Geraldine Johanson, Baltimore, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PRESTON ST PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GET BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION 19a DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY JATHOME 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK PAGE 4 SHOULD CO. TO FUNEAL DIRECTOR: PA TO FUNEAL WITH THE ST. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy Inquiry X and in my apinian death resulted fram: Undetermined manner ACTUAL SIGNATURE. EXAMINER'S NAME (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY June 4,1987 Howard Chapel Mt. Airy, Carroll, Maryland burial 07/84 25M 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VR A15 ME (5))





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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME Louise 20. DATE OF DEATH MONTH YEAR 2b. HOUR 3 SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HR white female 68 1918 Sept. a BIRTHPLACE (STATE OF FOREIGN 7h. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED W. Va. Washington USA WIDOWED A 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Washington County Hospital Hagerstown retail sales USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13. STREET ADDRESS / ZIP CODE 47 Manor Drive 13d. INSIDE CITY LIMITS? Md. Washington 21740 Hagerstown NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Murphy Josephine Harry Η. G. Mason ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 235-18-7523 Gary W. Kidwell, Hagerstown, Md. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IB CAUSE OF DEATH (Enter only one cause per line for 101), (b), and Ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE Conditions, if any, which gave rise to immediate couse (o), stating underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIQ CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 201 IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? NOIL NO [216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that, (1) (this hospital) attended the deceased from JUNE 20 the deceased alive an and that in (my) (aur) apinian death decurred an the date and hour and from the causes stated aboye (I) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME ITYPE OF PRINTS 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE COUNTY W. Va. June 24,1987 Mt. Union Church Cem burial Hampshire, 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MINNICH FUNERAL HOME DHMH - 16 60M 7/84 Wilson Blvd., Hagerstown, Md. 21740 (VRA 15, 4)



20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOI NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 CITY OF TOWN COUNTY and that in (my) (our) opinion death accurred on the date and have and from the causes stated 22c. DATE SIGNED 6-20-87 PHYSICIAN DIRECTOR PHYSICIAN 100 Geeting Lane, Keedysville, Md. 21756 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Selinsgrove, Snyder, Pa. Ebenezer Cemetery 6-20-87 Removal- Burial Bast Funeral Home John H. Bast, Jr. Boonsboro, Md. 21713

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

MONTH

2b. HOUR

12h KIND OF BUSINESS OR

Own Home

21740

Bohnhill

Boonsboro, ,

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

IF UNDER 1 YEAR

20 DATE OF DEATH

DHMH - 16 60M 7/84 (VRA 15, 4)

- STATE

(TYPE OR PRINT)

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DHMH - 16 60M 7/84 (VRA 15, 4)

burial

24 FUNERAL DIRECTOR

MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

June 20,1987

Rest Haven Cemetery

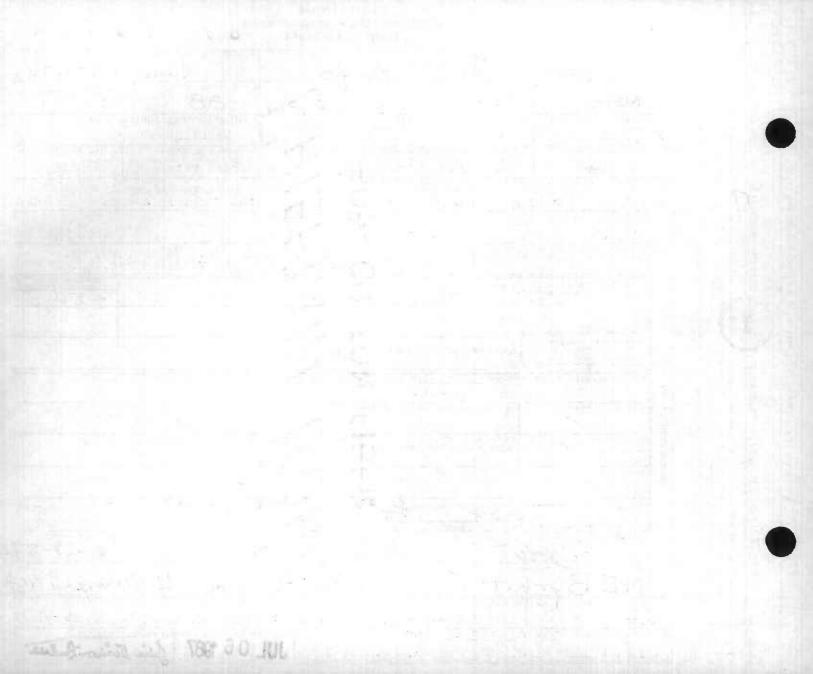
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Hagerstown, Wash., Maryland

Committee of the second TEST de WUL

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH Me Ivin 26 HOUR TYPE OR PRINTE 87 au 1109 3 SEX 4. RACE A AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR DATE OF BIRTH Cauc. 1898 BALTIMORE CITY OR COUNTY OF DEATH (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED IISA Washington Maryland WIDOWEDX DIVORCED [II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY aircraft Washington County Hospital Hagerstown sheet metal LISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 21740 843 Virginia Avenue Maryland Washington Hagerstown A FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Schwinger William Mattie Ε. Kreglo Paul M. Kreglo, Jr., Hagerstown, Md. Evelyn Cavanaugh, Williamsport, Md. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. LIEYES GIVE WAR OR DATEST 214-09-0438 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: neumonia IMMEDIATE CAUSE (o) PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION NOULA 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING AUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE MOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from saw the deceosed alive on 6-25 obove, (1) (we) (did) (did not) view the body after death and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated SIGNATURI DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN T FUNERAL I 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS MPORT 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) burial July 1,1987 Mt. Lena U.M. Church Cem., Mt. Lena, Wash., Maryland 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME DHMH - 16 60M 7/84 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VRA 15, 4)

STATE OF MARYLAND



415 East Wilson Blvd., Hagerstown, Maryland21740

The mandon April

DHMH - 16 50M 1/81 (VRA 15, 4) I respondent granders On market STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

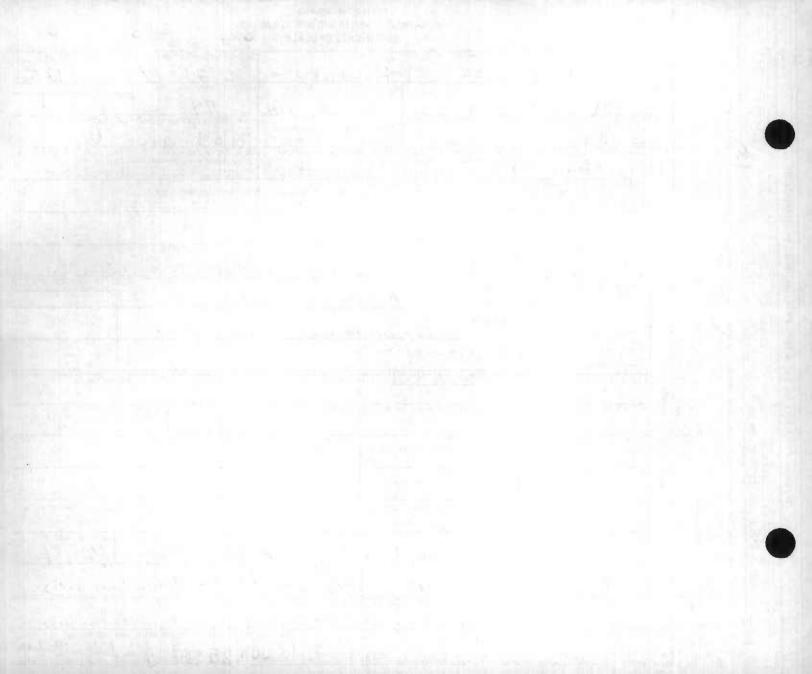
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je.		RTHPLACE (STATE OR FO	DREIGN	76. CITIZEN OF	WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH		
	P	ennsylvani			U.S.A.	WIDOWE	D DIVORCED	Washin	gon	Co		MD.
	10. C	TY OR TOWN OF DEA	TH		HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPATI		126. KIND O	OF BUSINES	SOR
	++	ugerstou	in	Wash	ingto	in Co	unly Hosp.	signal con			itary	
1		AL RESIDENCE (IF NURSII	136 COUN		13c. CITY OR TO		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	21701		
1	Ma	ryland	Fred	erick	Freder	ick	YES NO X	8991 Kay S		21/01	1	
1	H FA	THER'S NAME		n I			15 MOTHER'S MAIDEN NA				-1-1	
		Charles		MIDDLE	Kutcl	hale	Anna	MIDDLE		Tetrovy		
1	IAn NA	AS DECEASED EVER I	NIIS AD	MED EODCES?	166 SOCIAL SE		17 INFORMANT	ADDRE	55	Teti	LOVY	
5		ES, NO OR UNKNOWN)		E WAR OR DATES						200		
4	F	yes	W.W.	II	107-09-	-2665	Mr. John C.	Kutchak, Wa	lkersv	ille,	MD.	
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)										AL
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardia arry										
	-	Canditions, if any, which (b) Careful Vascular academ										
	-	gave rise to immediate (b) Cerebro Vas Cerebro Vas Cerebro										
H	300	cause (a), stating		DUE TO, OF	R AS A CONSEC	DUENCE OF				300		
				(c)								
	N	PART 2 OTHER SIGN	IIFICANTO	ONDITIONS <u>CC</u>	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1	0	
9	CERTIFICATION	19a DATE OF OPERAT	ION	TIN CONDI	TION FOR WHI	CHOPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, W	VERE FINDS	NGSTISED	
1	FIC	THE DATE OF CITERAL		174. COND	HONTOK WIN	CIT OI EKATIO	TO ASTERIORATED		IN CERTIFYIN	ING CAUSES OF DEATH?		
	RTI							YES NO	YES [NO 🗌	
2		210. ACCIDENT WAS UNDI	_	LIOUD A	F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)		
g.	AL	(IF EITHER, NOTIFY MEDIC		in .		19						
	MEDICAL	21d. INJURY OCCURR	ED	21e PLACE			211. LOCATION	CHY OR TO		COUNTY		ATE
5	¥	WHILE NOT WHI	ILE .	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)			STREET	CHYORIO	WN	COUNTY	217	ATE
		270-1 certify that (I) (this haspital) attended the deceased from										e) last
Ь		270.1 certify that (1) (this haspital) attended the deceased fram										
E	16	above, (I) (we) (d	id) (did na	t) view the body	after death.		DEGREE			Ing. DATE	SICHED	
		ZZB. SIGNATURE		0	01		ATTENDING	MEDICAL STA	F	22c. DATE	SIGNED	
				<u>O.</u>	94 ac	-	PHYSICIAN	DIRECTOR PHYSIC		6/2	1/17	-
	-	22d. PHYSICIAN'S NA	ME (TYPE O	R PRINT)			22e ADDRESS	1/41 1 11		- / .		Ave.
		HBDU	IL	NATHE	E) M	2	1610- UAK	HIL ME. H	4GERSTO	own.	MO	
		URIAL, CREMATION, I	REMOVAL	23b DATE	23	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	(burial		June 2	4,1987	St. Mic	hael's Cemet	ery Binghamt	on, Bro	oone.	N.Y.	ATE
	_				, - , - ,							

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR STATE

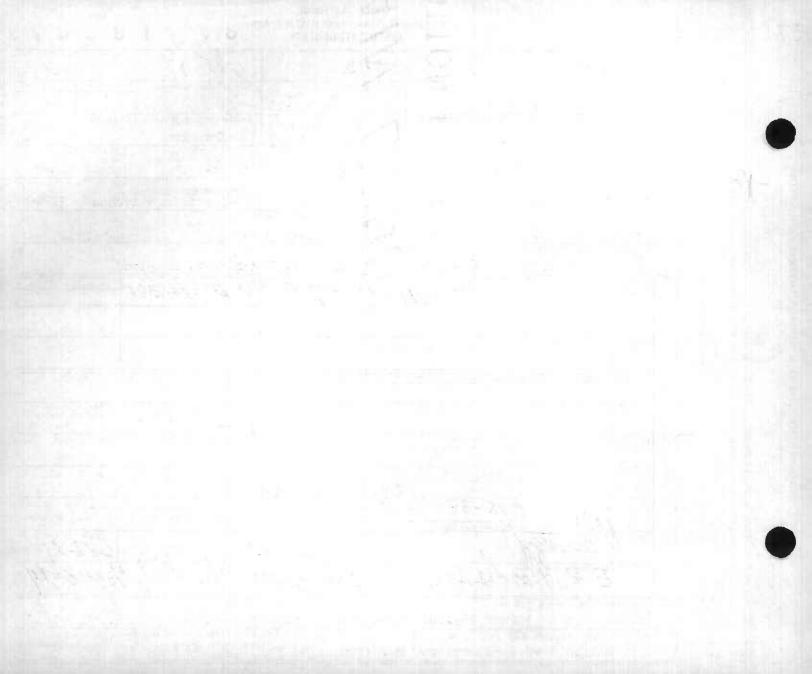
MINNICH FUNERAL HOME 415 East Wilson Blvd., Hagerstown, Maryland 21740

BY REGISTRAR 256 REGISTRAR'S SIGNATURE
2.5 1987 Julia Devider Pandage



(VRA 15, 4)

STATE OF MARYLAND

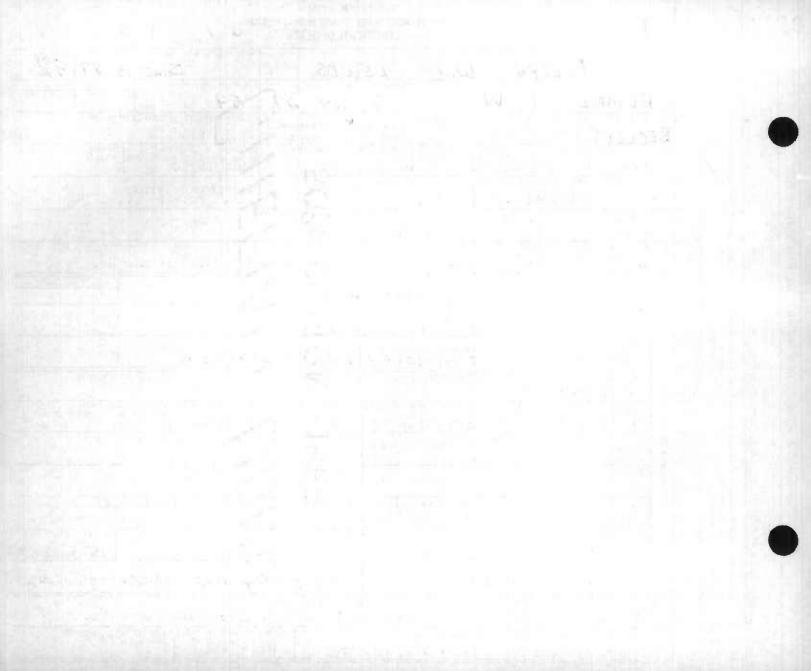


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S NECESSARY, PLEASE F FUNERAL DIRECTOR.	*45		Maryland			US			WIDOV	WED [DIVORC	ED X	V	Vicon	nico		35	WE
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ATT YES	N VISION	{Y	YES	N) I (IF YES, G	F WAR OR	DATES)	10	-56-78		Mrs.E	isie L	augh Same	lin (N as ab	ove#1	3	2090	6	
18.00	E DU		18 CAUSE OF	DEATH (Enter TH WAS CAU	only one	couse per line	e for (a), (b), ond (c).)								BET	APPROXIMATI	E INTERVAL T AND DEATH
O XE	多				IATE CAL			iopul		ary A	rres	t						
(FEET	EST OF		Canditians	, if any, whi	ich (DUE TO, OF		NSEQUENCE										
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AL RE	A HE	CERTIFICATION	19a DATE OF C	PERATION	tull?	19b. CONDI	TION FOR	WHICH OPE	NOITAS	VAS PERFOR	MED?					20 /	AUTOPSY'	?
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07/84 BP		(5	PECIFY) Cr	ematio				lisbury		matory	/	CITY	Salish	oury,	Mary	land	218	301
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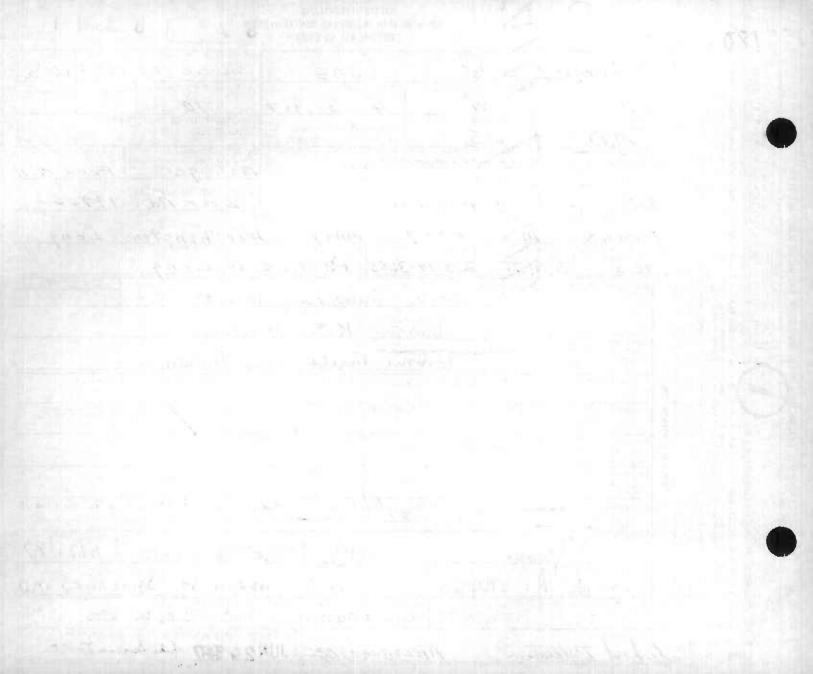
STATE OF MARYLAND		ST	A1	E	0F	M	AR	YL	AN	D
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DIVISION OF VITAL RECORDS, DING PHYSICIAN. The low_requir or offending physicion. After this certificate has been sig e as the buriol-transit permit. Then oith and Mental Hygiene prior to marked of nem 18 shows any mjuri	~	OCCURRED	21e PLACE O			ZII LOCATIO	Ν	CITY OR	TOWN	COUNTY	STATE
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FAL OR A RAL DIREC detoched oote Dept.	774 SIGNA		1 Bins	P M.D.	DE	GREE A	TTENDING HYSICIAN		TAFF	22c. DATE	
TO HOSPITAL TO FUNERAL should be deta with the Store		WARD		M.D.		1198	KEN	LY AVE.	HAGE	RSTOW	N MD.
BP	BURIA		6/18/87	Re		n Mem.		Frederic	ck Fre	ederick	MDSTATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	NAME	ossumtowr		ADDRESS	, MD 2	1701	25c. DAT	N 1 9 1987	AR 256. REGISTS	ARIS SIGNATI	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2n DATE OF DEATH 2b. HOUR Hunter (TYPE OR PRINT) William 6 AGE TIN YEARS LAST BIRTHDAY IF UNDER I YEAR 4. RACE YEAR White Male 1913 Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED USA Washington County WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR Hagenstown Wriker Convalescent dome 13e.STREET ADDRESS / ZIP CODE Campbell "Dorothy L. Lillard ADDRESS 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. UNKNOWN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY-Fer mu IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF Exercised arter; relevoir m Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I YES [21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21s. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 220.1 certify that (1) (this haspital) attended the deceased from, saw the deceased alive an_ and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death 224 DATE SIGNED 276 SIGNATURE DEGREE 6. (6.8) should be dete with the State PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) VASANT DATTAMO 220 ADDRESS 115 W-WAJK, ST, MALERSTOWN, MO 21740 HEW WOOK ST. MACERSTOWN MG 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE burial Hagerstown, Wash., Maryland June 18, 1987 Rest Haven Cem. 24 FUNERAL DIRECTOR 250 DATE REC'D, BY REGISTRAR 250. REGISTRAR'S SIGNATURE MINNICH FUNERAL HOME proposed por Landalla DHMH - 16 50M 4/83 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VRA 15, 4)

		/				STATI	OF MARYLAND		
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				CEASED NAME FIRST	MIDDLE	li e	AST	20. DATE OF DEATH MONTH D	AY YEAR 26 HOUR
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103	by the				eninsula Gene			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Manager.	126. KIND OF BUSINESS OR INDUSTRY FEED Mill
PRESTON ST., BALTIMORE, MARYLAND 2120	4 hour	64	USU.	AL RESIDENCE (IF NURSING HOME OR O' TATE 136 COUNT	THER INSTITUTION GIVE RESIDENCE E		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	4444
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RYL	within letely d 2 s	VID.	M.F	THER'S NAME FIRST MI	DDLE LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
W	pape	186	21	-rank p	7 601		MARY	Worthington	Long
ORE	execu ond c	S O		VAS DECEASED EVER IN U.S. ARMI	ED FORCES? 16b SOCIAL S	SECURITY NO.	17 INFORMANT	ADDRESS	
TIM	be e	£ 5		yes www.	II 2/3-1	4-3665	Pauline	B. Long	
BAL	ysici	nt.		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line for (a), (b	, and ici	٨		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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IIVISIC	others the	bed o	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	2- 4-5	400		22a.l certify that (I) (thus hospita	1- 1-		21 19 8	2,10_0/21,1	9_P2_, that (1) (vest) last
_	OTO OTO	13.6		saw the deceased alive an abave, (1) (yet) (did) (did not)	view the bady after death.	19 87, an	d that in (my) (apinian	death occurred an the date and hour	and from the causes stated
	No Per	App.		226. SIGNATURE			DEGREE		224 DATE SIGNED
•	A Par	1 1 1		VYVV	20.	1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/21/87
	ST WAY	Set A.		22d PHYSICIAN'S NAME THE ORF	f.	MIGHE	22e ADDRESS	C1 C	
	Port Or Phosphare	# H W W W W		Joseph N	. URASSO		113 121		is Bury MD
no.	an	20	23a. l	SURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	Sefbyville, Del	STATE STATE
44	BP	4		SPECIES Burial	June 24/87	redilen, s	Cemetery		
00	DHMH - 16 (74.1	INERAL DIRECTOR	ADDR	ESS to the		E REC'D. BY REGISTRAR 256 REGISTR	Seate .
	(VRA 1:	5, 4)	1	whood I wale	ion M	LLSBOK	RO, OEL JUI	129 1987 Tinha De	Agreed balling-



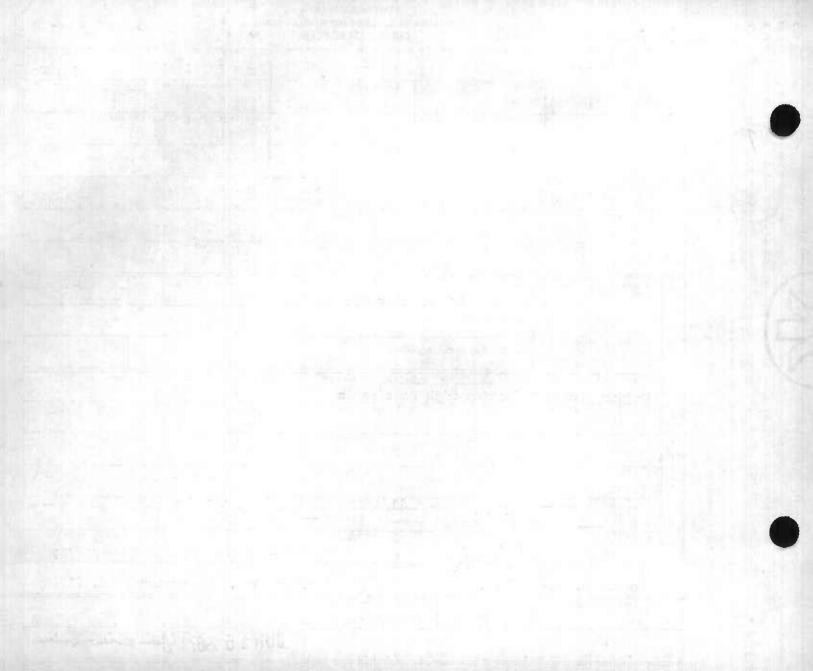
415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES



HAGERSTOWN

- STATE

24 FUNERAL DIRECTOR

MINNICH

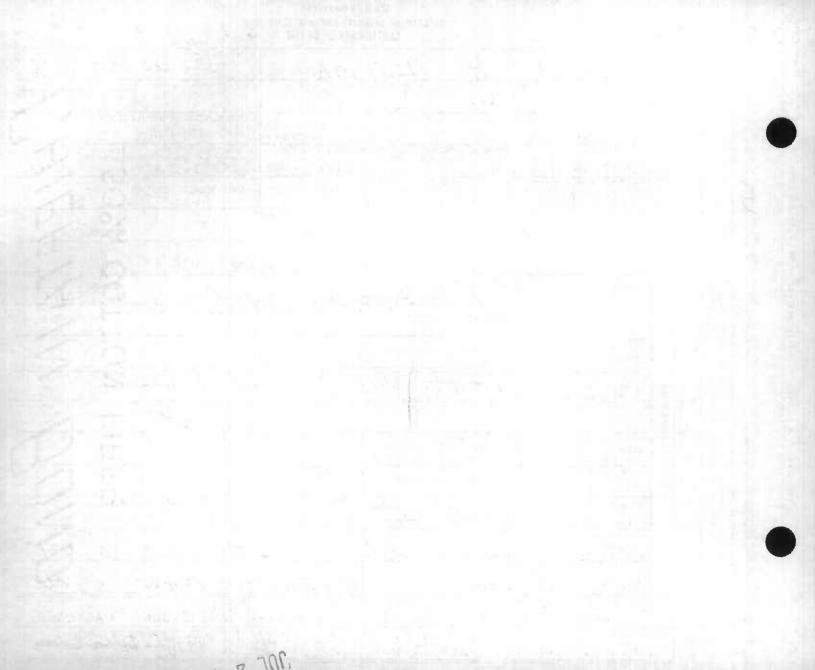
GERALD

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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	IS NECESSARY, PLEASE E-FUNERAL DIRECTOR. E-S-FOR YOUR FILES DO, WITHIN 72 HOURS W. PRESTON STREET,		ale	White	MONTH DAY	1923	LAST BIRTHDAY	MONTHS	DAYS		MIN PRONO	OUNCED EAD	6-1	5-87	1:20
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QW	H SECTION I	14. F.	ATHER'S NAME		WIDDIE		LAST			R'S MAIDEN		WIDDIE		LAST	
1.4	· 公安文/		David		omas	Malo				Dmma.	Vir	ginia		Bennett	
¥ .	直至600000 /		WAS DECEASED	VN) TIE YES, GO	VE WAR OR DATES!		CIAL SECURITY		17 INFORM			ADDŖ	ES407	Pheasant erstown,	Trail
BALTIN	JRS AFTI B. GIVE WITH FO T. PAGE DIVISIO	Y	es	W.	W. Two	215	-20-846	0	Mrs	. M. M	arie M	alott,	Hage	erstown,	Md.
	288≯ □	100	18 CAUSE OF	DEATH (Enter of	only one couse per lin	e far (a), (b), and (c).)		2.		7.5			APPROXIMAT BETWEEN ONS	E INTERVAL
N N	ERWI PENE, AL.		PARTIDEA		ATE CAUSE (a)	erios	scleroti	.c ca	ardiov	ascu1	ar alse	ease			
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8	D WITHIR PENCIL II WINER - TRANS ENTAL H OR REM		gave rise	s, if any, whice to immediat	le (b)										
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DIVISION OF VITAL RECORDS, 201 W.	JULD BE EXECUTED WITH PENCE MEDICAL EXAMINISTS AS BOUNDED TO THE MEDICAL EXAMINISTS AS A BURIAL - TRAITH AND MENTA AND CREMATION, OR F	Z	PART 2 DTHER SIG	NIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELA	ATED TO THE TERMIN	AL DISEASE	DR CONDITION	GIVEN IN PART	Tio				
REC	A CRAIN	CERTIFICATION	196. DATE OF	OPERATION	19b COND	TION FOR	WHICH OPERA	TION WA	AS PERFORA	MED?	-			28 AUTOPSY	?
TAL	SHOUL ORD "F CHIEF OR USED SURIAL,	FFC													3.7
7	ATE SE THE CHILD BE WENT	- 2	210 EXTERNAL	CAUSE WAS	21b. TIME C			21c HO	W INJURY	OCCURRED	LENTER NATURE C	OF INJURY IN ITEM	A 18 PART I OR I	YES YES	NO 🖺
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5	E, WRITING RWARDED PAGE 3 SH STATE DEP 7, 21201 PR	Z	AT WORK	NOT WHILE AT WORK	STREET, FAC	TORY, FARM, E	TC }	STI	REET		CITY O	RTOWN		OUNTY	STATE
	Re TI		22a. I certify	that I taok cha	rge af the remains de	scribed abo	ove, held an	Autopsy	, X.	Inspection	, Inqu	irv 🗍	and in my	aoinian	
	CERTIFICATE DUID BE FOR THE STANDING MARYLAND	1	death resulted		ural causes X	Accident			Hamici		Undetermined		7.		
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	TO MEDICAL EXAMA EXECUTE THE CERTIFIE PAGE 4 SHOULD BE TO FUNEAL DIREC AFTER DEATH WITH BALLTMORE, MARYLL		EXAMINER'S N	T)	Margarita	A. Ko	rell, M	D_A	DDRESS	111 P	enn Sti	reet	_		
	DA STAR	1	URIAL, CREMAT	ION, REMOVAL	1.0		NAME OF CEME				23d LOCATIO		CO	DUNTY S	TATE
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ZOM	DHMH - 17	1.0	UNERAL DIRECT		st Funera			4540		DATE REC	C'D. BY REGIS	_ /3 -	EGISTRAR'S	SIGNATURE	مع
	(VR A15 ME (5))	J	ohn H.	Bast, J.	r. Boons	boro,	Md. 2	1713		JUN	1 8 198	1	11.00		

Male hire (sq. 21,152) 5L A .u .U. .uk: ,25mcomm2£££c Davie desired described to a material and resident to first the first to the first . . Die 21-11-12 . re. X. Marke Malout, Hegerstown, Mr. o-ic-ol treather to. first lilinepore, mad. co., we.

John H. Bret, wir. Boogsbore, Mil. 21/13 - 14 1

1	FOR			DEPARTMENT OF	HEALTH	AND MENTAL H	HYGIENE		1 3	7 16	in the second
	STATE REGISTRAR		ME	DICAL EXAMIN	NER'S C	ERTIFICATE C	OF DEATH	REG	NO. 0	0 4	3
	ECEASED NAM	FIRST		WIDDLE	L.	AST	20. D	ATE KNOWN	MONTH	DAY YEAR	10:07
	TPE OR PRINTS	Robert	Le	e N	MAPHIS		DI	OF ESTI-	DJUNE	13 1987	PM
3. S	nale		5. DATE OF BIRTH DAY May 11,	YEAR LAST BIRTHE	DAY) MONTHS		MIN. PROI	DATE NOUNCED DEAD	JUNE	13 1987	10:07 P M
Bette	BIRTHPLACE (S FOREIGN COUNTRY)	ATE OR	76. CITIZEN OF WI		12	D NEVER MARR	9. B/		YOR COUNT		MD.
10	CITY OR TOWN	OF DEATH	11. NAME OF HOS	SPITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) ton County	E, OR OTHE	R INSTITUTION	120 USUAL C	CCUPATION OF WORKING LIFE)	TYPE OF WORK	OR INDUST U.S.AR	USINESS
13a.	JAL RESIDENCE STATE Maryland	113b COUNT		VE RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Williamspo		3d INSIDE CITY LIMITS? YES NO 🔯	13e. STREET A	te 2, 1	30x 304	A 217	95
	FATHER'S NAME Harry		MIDDLE	Maphis		is. Mother's maidi Marie	EN NAME	MIDDLE		Cooper	
1	WAS DECEASE! (YES, NO, OR UNKNO Yes	D EVER IN U.S. ARM	ED FORCES? (AR OR DATES)	216-22-70		Marjorie	Schetro	mph, W:		port, M	ld.
2	18 CAUSE O PART I DE	F DEATH (Enter only ATH WAS CAUSED IMMEDIATE	BY:	for (a), (b), and (c).)	AC ARE	EST				APPROXIMA: BETWEEN ONS	ET AND DEATH
CATION	gave ri cause (a) lying cau		(b) AR	AS A CONSEQUENCE RTER 108 OL ER AS A CONSEQUENCE	OF OF			SEASE 1	429	SEVER	
NO		GNIFICANT CONDITIONS <u>C</u>	DNIRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE I	DR CONDITION GIVEN IN PA	ART 1 (a).				
CERTIFICATION	190. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH OPE	RATION WA	S PERFORMED?			Fal	20. AUTOPSY	NO K)
CALCER	21a. EXTERNA UNDERLYING CONTRIBUTION	NG CAUSE OF DE		MONTH DAY YEA		W INJURY OCCURRE	ED LENTER NATUR	E OF INJURY IN ITEA	A 18 PART 1 OR PAR		
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	burial		ine 16, 1			et. Cem.		stone,		, Maryĺ	and
		TOR MINNICE Vilson Bly		HOME erstown, Md	. 2174	O ZSo. DATE	JUN 2	15TRAR 25b. R	1 . 1	GNATURE	andres.

STATE OF MARYLAND

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Williamsport, MD 21795

Major M. Osborne

(VRA 15, 4)

STATE OF MARYLAND

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Railroad 21750 Weller same as 13. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED IMPORT, 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Burial Orchard Ridge Cemetery Hancock 6/18/87 Washington ulia Devider.

STATE OF MARYLAND

26 HOUR

12b. KIND OF BUSINESS OR

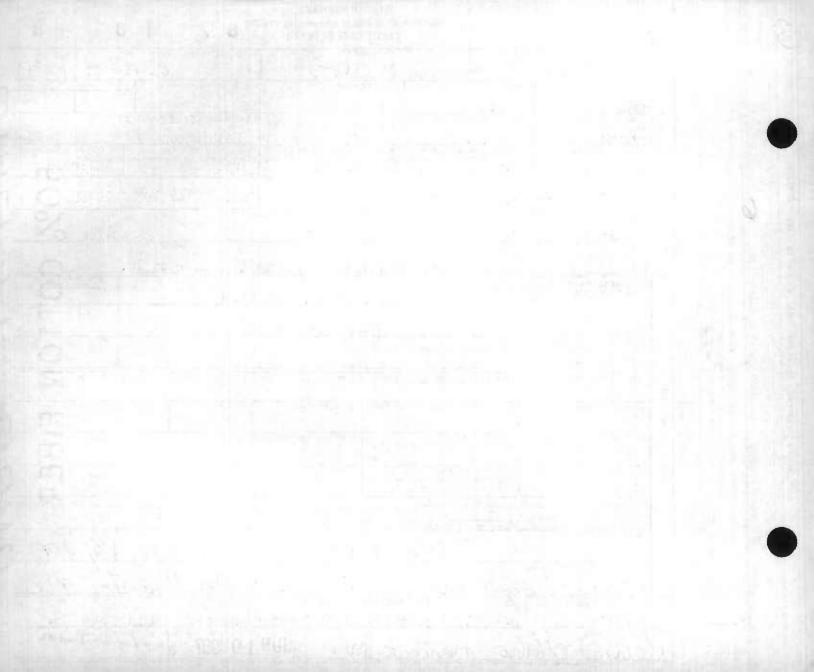
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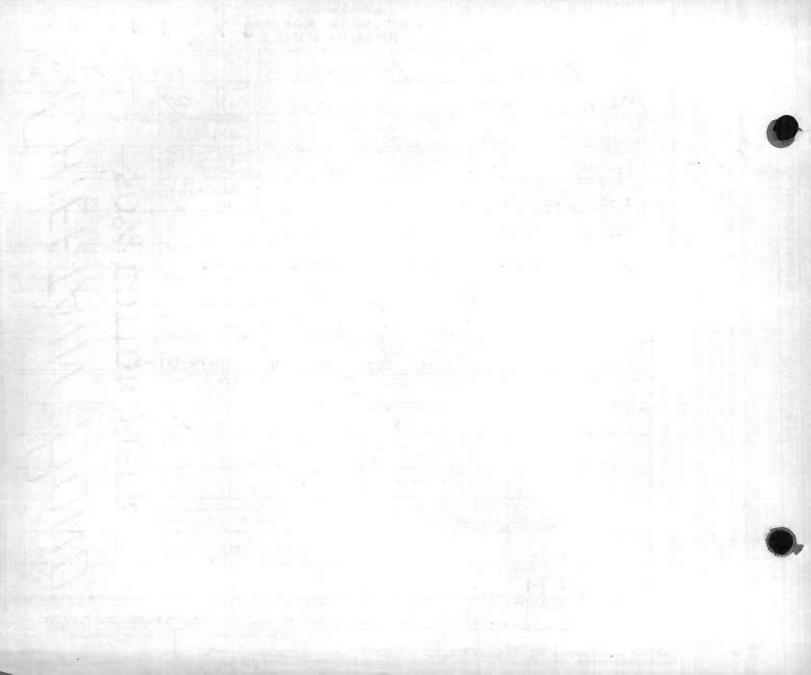
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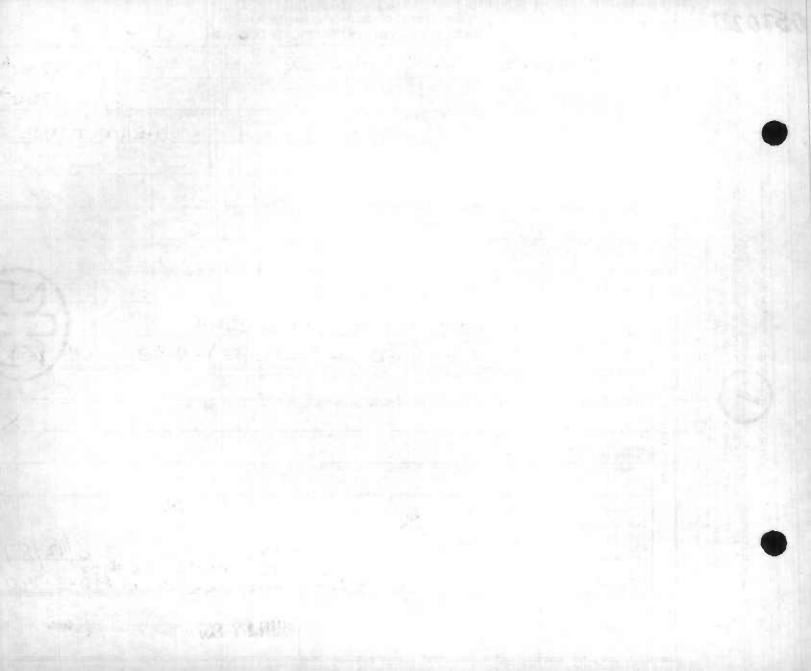
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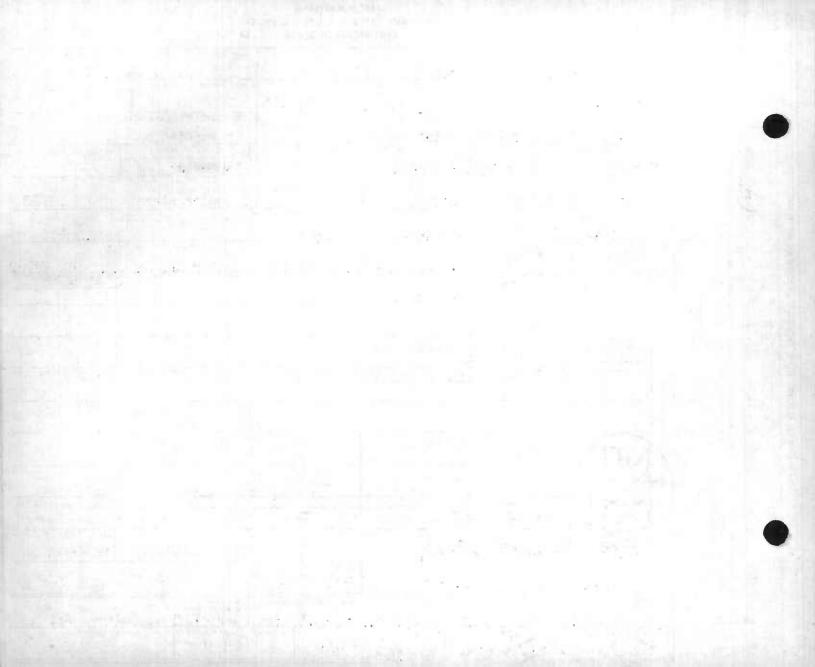
6-21-37 Rechanics Cambery Chirostephie, Virginia

Shec retained

STATE OF MARYLAND 057020 DEPARTMENT OF HEALTH AND MENTAL HYGIENE DECEASED NAME O. DATE KNOWN MONTH LTYPE OR PRINTI ESTI-OUGLAS DEATH MATED 4. RACE SEX & AGE (IN YEARS IF UNDER 24 HRS DATE LAST SIRTHDAY PRONOLINCED Nov. 27 DEAD White 1943 Male 43 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUN MARRIED XXNEVER MARRIED FOREIGN COUNTRY WIDOWED [DIVORCED HINGTO NCO. MD West Virginia USA B. CITY OR TOWN OF DEATH I. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Washington County Hospital Hagerstown Carpenter Construction SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 1.3d. INSIDE CITY LIMITS? 13e STREET ADDRESS P.O. Box 618 West Virginia Berkelev Martinsburg NO XX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Evers Miller Mary Largent MAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO POBox 618 No 235-64-8094 Veronica Miller Martinsburg, WV 25401 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) VENMONIA DUE TO, OR AS A CONSEQUENCE OF 1A-038 AND COMA Conditions, if any, which gave rise to immediate couse (o) stating the underlying cause last ONE YEAR PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🔲 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC) CITY OR TOWN COUNTY WHILE AT WORK 22a I certify that I taok charge of the remains described obove, held an Autopsy Inspection and in my opinian death resulted from Homicide Undetermined manner Natural causes ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) X 4 0 5 230 BURIAL, CREMATION, REMOVAL 236 DATE Pleasant View Memory, Gds. Martinsburg Berkeley Burial 6/15/87 WV TRAR 256 REGISTRARS STORES Coccamones 327 W. King St DHMH - 17 Brown Funeral Home BOBox 821, Martinsburg, WV (VR A15 ME (5))



050:07 ##	1	FOR			000403		E OF MARYLAND	uver	ALC.			. 3
058107 JUN	ar.	STATE REGISTRAR			DEPART		ICATE OF DEATH		NE / REG. NO	1 8	2) 4
		CEASED NAME E OR PRINT)	FIRST		MIDDLE		AST	2		NONTH DA	AY YEAR	2b. HOUR
be 3 oge 3 deoth	1,,,,,		Viola		Vesta	N	Miller	536	Jun	e. 25.	1987	5:00 AM
The do	3. SE			4 RACE	10000	5 DATE C			AGE (IN YEARS LAST BIRTH		FUNDER I YEAR	IF UNDER 24 HRS
s of		Female		White	9	Dece	ember 29,19			75 YRS "	ONTHS DAYS	HOURS MIN.
2 12 MDT		IRTHPLACE ISTATE OR	FOREIGN	16 CITIZEN OF	WHAT COUNTRY	2 8	D NEVER MARRIED	_ 9	BALTIMORE CITY OF	COUNTY	OF DEATH	
1 1 10	F	Pennsylvan	ia	United	d_States	WIDOWE			Washin	gton		MD.
1 11 清人	10 C	ITY OR TOWN OF DE	EATH		HOSPITAL, NURSI		OR OTHER INSTITUTION		20 USUAL OCCUPATION			F BUSINESS OR
5 3 6		lancock		7 Cer	nter Stre	et			Homemaker		I III	
2/12/201	13a	AL RESIDENCE (IF NU STATE	RSING HOME OR	OTHER INSTITUTION	N, GIVE RESIDENCE BEFO	RE ADMISSION)	13d. INSIDE CITY LIMIT	TS? 113	Be STREET ADDRESS	nto.		
on 55		aryland	Washi	ngton	Hancock		YES 💢 NO 🗌		7 Center S	treet		21750
品 扩配的	14 F	ATHER'S NAME	M	NODLE	ŁAST		15 MOTHER'S MAIDE	NNAME	WIDDIE		LAS	
A 3 58 40		William			Laneha	rt	Agnes		1110012		Hender	
Ne de la		WAS DECEASED EVE		MED FORCES? WAR OR DATES)			17. INFORMANT		ADDRE:	S		
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BALTIMORE, MARYLAND 2120 cots he executed with 24 hours produced with 24 hours between 1 and 2 should be found in the medical execution execution in the medical execution in the medical execution in the medical execution.		18. CAUSE OF DEA	A/AC CALICED	RV.								MATE INTERVAL ONSET AND DEATH
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RESTOR		Conditions, if an		(b)_								
W. PRESTON ST., or the death ce miles by the ottending page content cremation, or remotion, or remotion, or remotion.	13	cause (a), stat	ing the	DUE TO, C	OR AS A CONSEOL	ENCE OF						
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signe hen p to bur to bur viury.	NO	PART 2. OTHER SIC	GNIFICANT	onditions <u>c</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE OR COND	ITION GIVE	N IN PART 1	21
or the Th		19a, DATE OF OPER	ATION	Tinh CONIT	NITIONI EOR WHICH	- OREBATIO	N WAS PERFORMED		200 AUTOPSY?	101 IE VEC	WERE FINDIN	100,000
REG	CERTIFICAT	140. DATE OF OPER	ATION	140. CONE	JIIION FOR WHICH	OPERATIO	N WAS PERFORMED			INCERTIFY	ING CAUSES	OF DEATH?
TAL Sicion Sit a She she	E	21g. ACCIDENT WAS U	NDERLYING 🗀	21h TIME (OF INJURY		121¢ HOW IN ILIPY OF	CLIPPED	YES NO X	YES		NO 🗌
Physical Infection of Hy		OR CONTRIBUTING	CAUSE OF DEAT	HOUR A	.M. MONTH		21t. 110 17 11430K1 00	LCUKKEL	(ENTER NATURE OF INJURY	IN HEM 18, PAR	I I OR PART 2)	
ON C ding ding ding ding Ment or ther	MEDICAL	(IF EITHER, NOTIFY MEDI 21d. INJURY OCCU			OF INJURY	19	21f LOCATION					
DIVISION OF VITAL RECORDS, 301 NG PHYSICIAN: The low requires th ottending physician. fer this certificate has been signed I so the buriol-transit permit. Then plea th and Mental Hygiene prior to buriol orked or Hem 18 shows ony injury, or	ME	WHILE I NOT	WHILE ((AT HOME, ST	TREET, FACTORY, OFFICE,	FARM, ETC.)	STREET		CITY OR TOWN		COUNTY	STATE
DINO or o or o of the of the mark		220-1 certify that (TORK.	al) attended t	he deceased from	11-20	19.	78	6-25-	11	87	Ab - 4 (1) (- 1) 1 - 4
OR. US		saw the decea	sed alive an_		he deceased from.		nd that in (my) (our) op		, 10	e and hour	,	that (I) (we) lost
hosp hosp hed fi ppt. o		22b. SIGNATURE	(did) (the not	view the body	y after death.		DEGREE				22c. DATE	
the of th		FBT	tone	2) 11	mil		ATTENDIN	NG I	MEDICAL STAFI		06-2	
HOSPITAL ined by th FUNERAL old be dete h the State		22d. PHYSICIAN'S N	JAME (TYPE OR	PRINT)	1		22e ADDRESS	AN AL L	DIRECTOR PHYSICI	ANLI	100-20	3-07
O HOSPIT, erained by TO FUNER, should be d with the Sta		Frank B	Thomas	s.III.M	I.D.,P.A.		Two Tonol	loway	y Hancoc	k, Ma	ryland	21750
show show	230. (BURIAL CREMATION				NAME OF C	EMETERY OR CREMATO		23d. LOCATION			
BP	(specify) Buria		6/27/			pel Christ		Warfordsb		ounty 11ton	Pa.
DHMH - 16 60M 7/73	24 F	UNE AL DIRECTOR	1	W	1-1-1-1	AZ CITO	250	DATE, RI	EC'D. BY REGISTRAR 2	Sh. REGISTR.	AR'S SIGNAT	
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STATE OF MARYLAND

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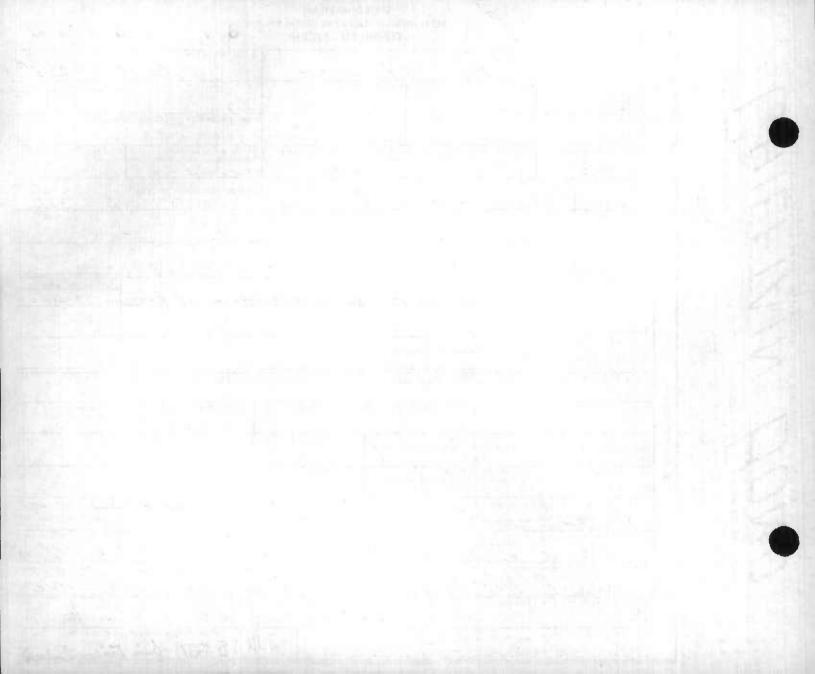
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0011	L DE	REGISTRAR CEASED NAME	FIRST	26	MIDDLE		LAST		2a DATE O	REG. NO	AONTH	DAY	YEAR	26 HOUR
		OR PRINT)		Mari	e	ma			ZE DATE OF	r DEATH A	6	10	80	10 HOUR
	3. SE)		LA	4. RACE	11.	-	OF BIRTH	7	A AGE IIN	YEARS LAST BIRTH			RIYEAR	IF UNDER 24
					T-1-24	MONT	H DAY	YEAR		EARO EAST BIRT		MONTH5	DAYS	HOURS
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35/		faryland		USA			D & NEVER MA			shingt				
P		TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN			UTION		OCCUPATIO		12b	KINDOF	BUSINESS
10	.1	Hagerstown			ch facility, give street gton Coun		cnital			K FOR MOST OF	WORKING	LIFE) IN	DUSTRY	
6	FUSU.	AL RESIDENCE (IF NURS	SING HOME OR	OTHER INSTITUTION	, GIVE RESIDENCE BEFORE	ADMISSION)			CO-01		•		notel	
智多		laryland	Mach	ington	Boonsbo		134 INSIDE CITY	Y LIMITS?		oute 3				21713
750		THER'S NAME				10	15. MOTHER'S M			oute 3	, DC)A 4.	,	21/1-
\$ /7	1	Lewis		MIDDLE	Maugans		Ma Ma		Е	WIDDLE		Cro	LAST	
0		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	_		ADDRES	S	CLOI	ile I	
medi		(ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	216-22-9	572	Mr. Jo	hn E.	Minni	ch, Bo	onsb	oro	Md.	12.1
c event th		PART I. DEATH W		E CAUSE (a)	STAGE	14	4DENEC	ARCIA	DOMER	2 OF	REC		APPROXIMET OF	
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Dws ony injury, or other troumotic even	IFICATION	Conditions, if ony, gove rise to improve couse (o), static underlying couse	, which mediate ng the lost	DUE TO, C (b) DUE TO, C (c) CONDITIONS C	DR AS A CONSEQUE	ENCE OF	NOT RELATED TO	O THE TERMI	NAL DISEAS	SE OR COND	20b. IF YI	IVEN IN ES, WER	PART 1(o	. mo
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DHMH - 16 60M 7/84 (VRA 15, 4)

415 E. Wilson Blvd., Hagerstown, Md. 21740

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1987 Julia Tiridon Padace



Smithsburg. Md.

DHMH - 16/50M 7/84

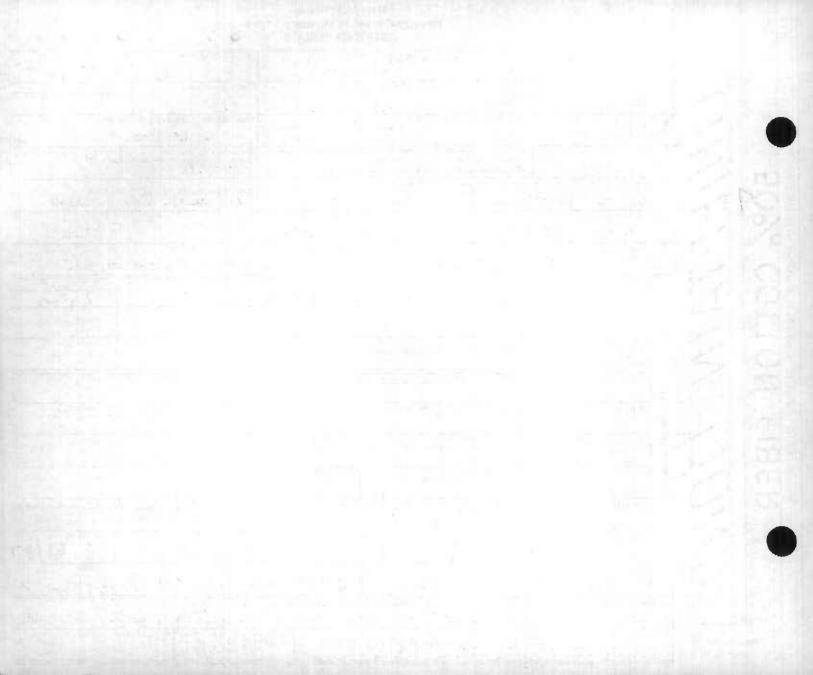
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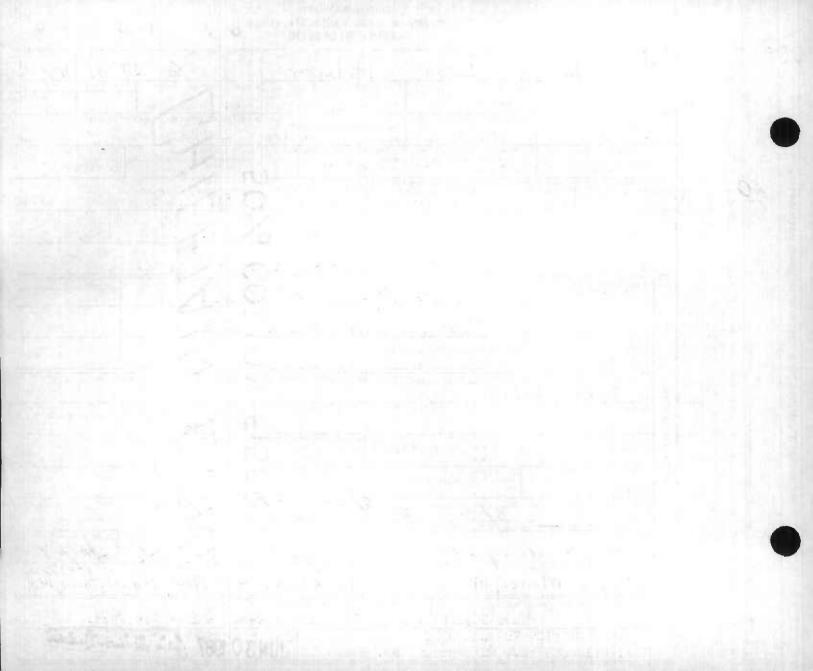
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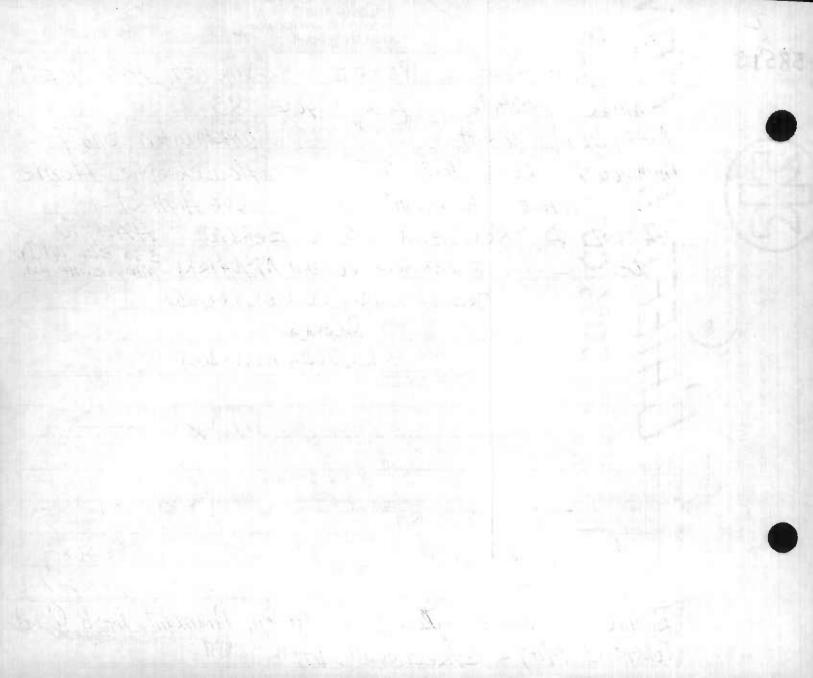
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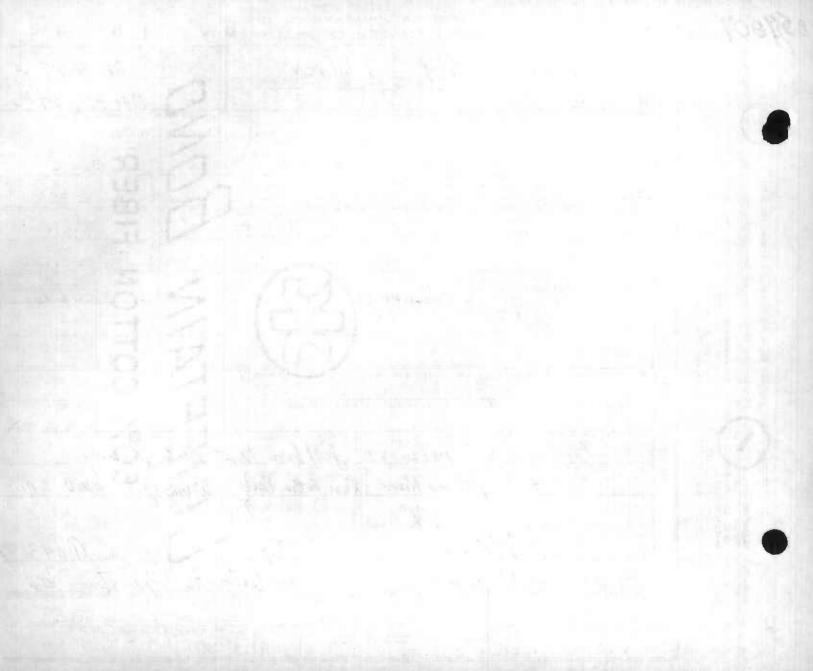


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ed to	10 C	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATI		IND OF BUSINESS O		
led th	H	agerstown	Washin	gton Coun	ty Ho	spital	(TYPE OF WORK FOR MOST O		ather		
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and de la constant de	115		shington	Hagerst		13d INSIDE CITY LIMITS?	130 STREET ADDRESS /	hway Way	2174		
2 sh	_	ATHER'S NAME	- U			15. MOTHER'S MAIDEN NA	ME				
ld &	150	Edward	MIDDLE	Palmer		Sarah	E .	К	oogle		
3		WAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE		008_0		
Poge medic		YES, NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)	214-09-0	901	Eva Palmer,	Hagerstown	. Md.			
ers.	=	18 CAUSE OF DEATH (Ent				1 Dva raimer,	nageracown		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH		
ding ph prbanp ar remo		PART I. DEATH WAS CAUSE (a) A cutt Myocardial I was a CONSEQUENCE OF									
ove co		Conditions, if ony, which (16) Attracoscluster Vascular Missere									
by the cose remoil, cremoil		gave rise to immediate cause (a), stating the underlying cause last (c)									
Then ple r to burio	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
t permit.	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	28a AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO		
freate fransit Hygir 18 sho	Ü	21g. ACCIDENT WAS UNDERLYING			AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR P	ART 2)		
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for to a full		saw the deceased aliv abave, (I) (we) (did) (di	e an 6/		87, 01	d that in (my) (aux) opinion i	death accurred on the de	ate and haur and fra	m the causes stated		
IREC hed ept.		22b. SIGNATURE	Who i view me budy	, uner debili.		DEGREE		220	DATE SIGNED		
te D		Man E.	Money	u)		ATTENDING PHYSICIAN	MEDICAL STAF		128/27		
LER Stod		228 PHYSICIAN'S NAME (TYPE OR PRINT)			22e ADDRESS		7	121790.		
P th		Mary E. M	Noney W	D		1708 Oalc	Hill Ave	Hager	town Med		
TO FUNERAL D should be detoc with the State D IMPORTANT: If	230	BURIAL, CREMATION, REMO	VAL 236 DATE	23 <i>t</i> N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	1	- /-		
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VRA 15, 4)	4	I) E. WIISON	DIVU., Ha	gerstown.	MG .	41/4U 1111		-			





	1			MARYLAND		
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ESS SEES	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WH	AT COUNTRY?	RRIED NEVER MARR	IEU 42	Y OR COUNTY OF DEATH
ON NOT SEE	West Virginia	U.S.A		OWED DIVORC		on Co.
오늘	T CITY OR TOWN OF DEATH	II NAME OF HOSE	PITAL, NURSING HOME, OR O	THER INSTITUTION	12a USUAL OCCUPATION	TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
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ANY AND AND	W. Va.		13c CITY OR TOWN	YES NO THE	Rt #6 Cantt	s Trailer Pakr
	4 FATHER'S NAME	keley	Martinsburg	- X		os maner raki
W HILE	FIRST	MIDDLE	LAST	15. MOTHER'S MAIDE		LAST
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SECTION OF THE TAX		E WAR OR DATES)	166 SOCIAL SECURITY NO.		ADDRI	SSRt.#6
BALTIMORE, MD IRS AFTER DEATH. I S. GIVE PAGES 1, 2, WITH F. PAGE DIVISION	NO		236-25-8186	Patricia M	. Nails Martin	nsburg, W.Va.25401
: 58310	18 CAUSE OF DEATH (Enter o	nly one cause per line t	for (a), (b), and (c).)	WIND TO V		APPROXIMATE INTERVAL BETWEEN QNSET AND DEATH
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STO ALITE	8329	DUE TO, OR	AS A CONSEQUENCE OF	provide the state of		
PREV REV	Canditians, if any, which gave rise to immediate					
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S AN	PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	IIT NOT PELATED TO THE TERMINAL DICE	TACE OR COMOTTON CIVEN IN BA	at s	
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CHAPTER CAR	EXAMINER'S NAME	1 1/ 1/21	oks	dos 1	Interester 6	lanciate Park
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EMSE49	130. BURIAL, CREMATION, REMOVAL BURIAL	23b DATE	230 NAME OF CEMETERY		23d LOCATION CITY OR TOWN	COUNTY STATE
07/84 BP			Rosedale Cem		Martinsburg E	Berkely W.Va.
Q CAG GHMB- 17	24 FUNERAL DIRECTOR	2060 Rosed	ate Cemetery R	d.		GISTRAR'S SIGNATURE
/ / (VR A/5 ME (5))	Alva D. Linder	Martinsbur	g, W. Va. 2540	1 JUN	04 1987	a Mindeon Randall



POTOMAC ST.

MINNICH HAGERSTOWN, MARYLAND

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REGISTRAR

24 FUNERAL DIRECTOR

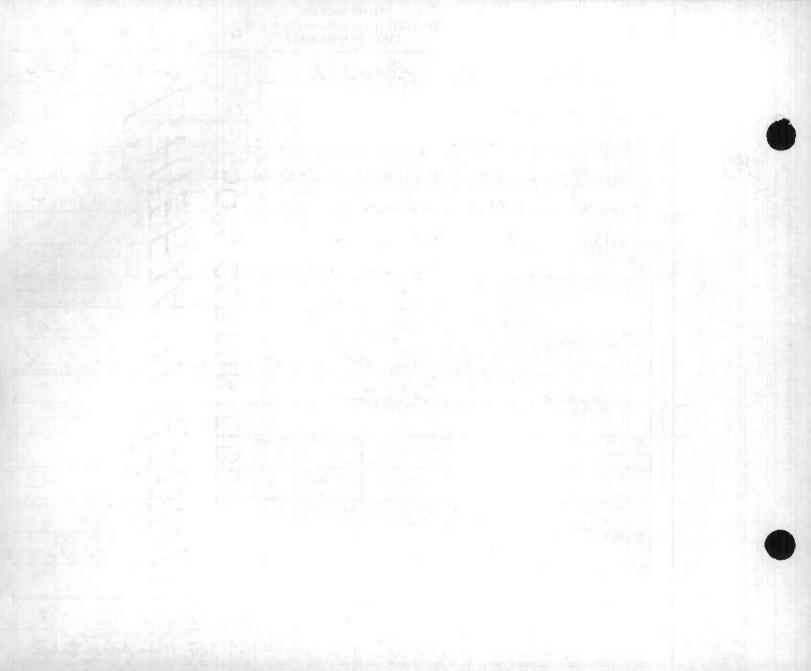
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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



11	1				STATE OF MARYL	AND			1 4			
	1.	FOR STATE REGISTRAR			OF HEALTH AND I		0 /	185	6 6			
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MARY MARY	R	Edward	MIDDLE	int		ella	WIDDLE	Harba	ugh			
		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 S	OCIAL SECURITY	NO. 17 INFORMA	ANT	ADDRESS	Way	mesboro,			
BALTIMORE,	>	No	23	0-09-90	Mrs. R	losa Pun	t 221 N. Gr		PA PA			
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v req	A ₹	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPE	RATION WAS PERFO	- /		ROB. IF YES, WERE F	INDINGS USED			
TAL REC	CERTIFICATION	5/30/87	Puos	take In	Cory ment			YES T	NO []			
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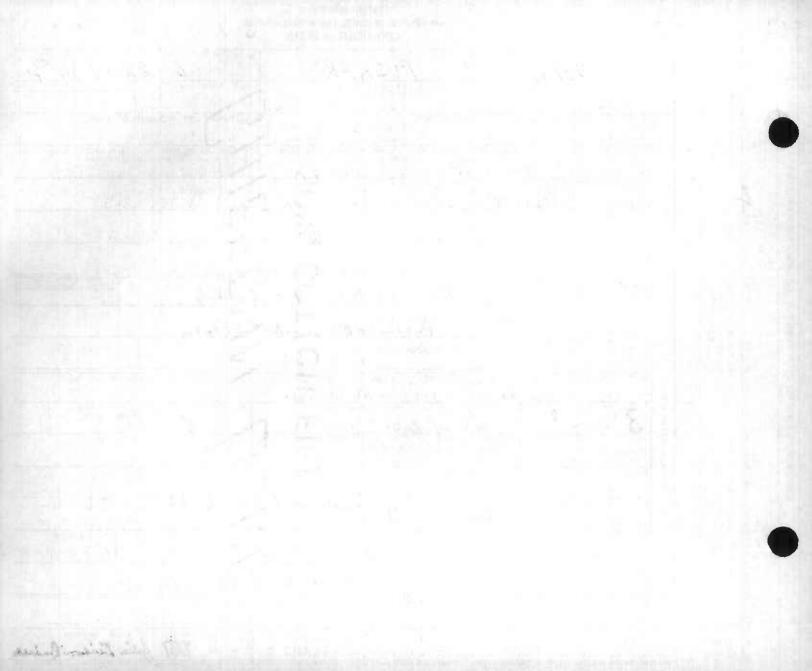
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6/25/1987 Restauga Church Jen. Menh neston Sm., Irunkida Do.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 2a DATE OF DEATH 50 TYPE OR PRINTS 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR 3. SEX 5. DATE OF BIRTH 1905 MALE WHITE SEPT 7a BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED VI NEVER MARRIED ENNA USA WASHINGTON DIVORCED WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY WASHINGTON HAGERSTOWN GAS FNGINFER 13d INSIDE CITY LIMITS? WASHINGTONHAGERSTOWN GARDEN ANE 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE PUSKAR STEPHEN CECECILA KRAYNAK ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES! SEE 16 ABOVE NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF JULIONS CORRESTION Conditions, if any, which gave rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 PATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO rial-transit pental Hygien 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER MATURE OF INJURY IN ITEM TB PART I OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214. INJURY OCCURRED 211 LOCATION 0 21e PLACE OF INJURY the b CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on and that (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22. DATE SIGNED PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN MPORTANT should be a 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 27e, ADDRESS 0 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) BURIAL PARK HAGERSTOWN DHMH - 16 60M 7/84 HAGERSTOWN (VRA 15, 4)



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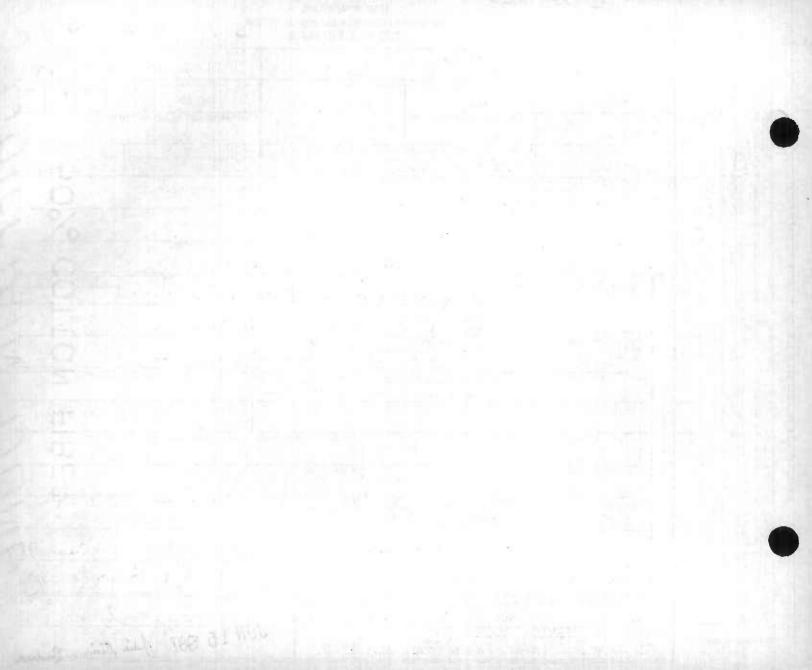
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 2h HOUR I. DECEASED NAME MIDDLE [TYPE OR PRINT] 02-87 au1 06-01 3. SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR YEAR iduc 12 13 27 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED Washington Co WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hagerstown. Washington Col Hospital Farmer 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Washington Glear Sprin NO X Box 443 Clear 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Ernest FIRST Reid Eugene Olive Mae Flora 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) 220-09-7340 Mary E. Reid Box 443 Clear Spring. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION one 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? opovetou-NO NO 216 TIME OF INJURY 218. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 2 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from. 1987 saw the deceased alive an_ and that in (my) (our) apinian death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not view the body after death 77h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
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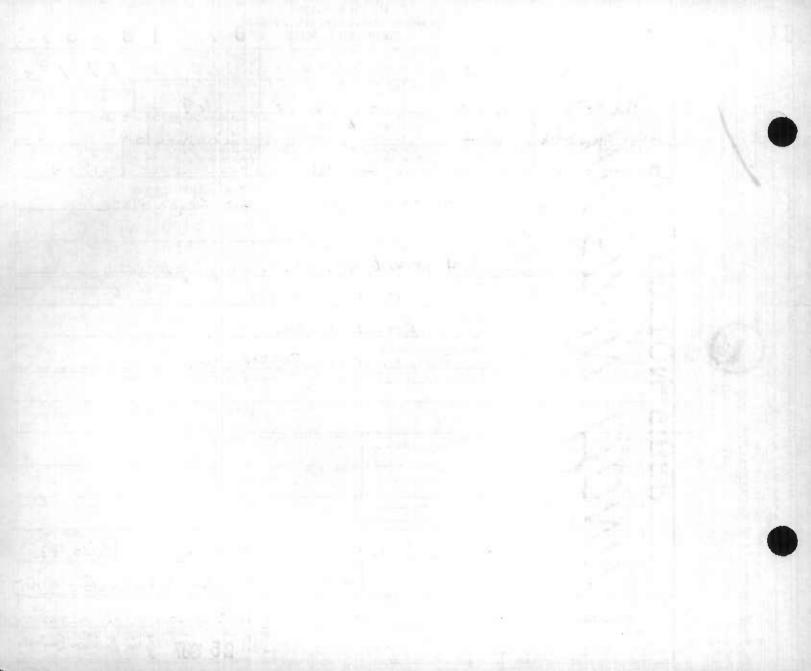
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE VIOLA ELIZABETH - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR TYPE OR PRINT) ELIZABETH RE VIOL 4 RACE 3 SEX AGE (IN YEARS LAST BIRTHDAY STATISTICS NAMED IN Dec. 8, 1900 Female White 86 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania U.S.A. WIDOWED DIVORCED Washington County ID CITY OR TOWN OF DEATH INDUSTRY Hagerstown Western Maryland Hospital Center Bookkeeper Railroad LIGUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 21740 136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? 1925 W. Washington Street Washington Hagerstown Maryland A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Sadie John Snively Nealev 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Kenneth L. Reid Hagerstown 20-05-6175 No Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per liggifor to), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T NO I 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 228.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 221 DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ₽ £ 23c NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, REMOVAL 23b. DATE 234 OCATION SPECIFY) 6-8-87 Burial Rest Haven Cemetery Hagerstown Washing 24 FUNERAL DIRECTOR Hagerstown, Md DHMH - 16 60M 7/B4 Coffman Funeral Home Inc. (VRA 15, 4)

A C LA ELIZABETH & ELIZ T0907 D 554 937.84 924-1 Prince Line County County County County County A CONTRACT OF THE PARTY OF THE PROPERTY OF THE to the state of th - Winds Haven Conclered Hochemon, assault Conde la la confine a la constanta de la constanta de la constanta de la confine de la constanta de la constanta

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ■ STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) HELEN 3. SEX 4. RACE 6 AGE IN YEARS LAST BIRTHDAY 30-1928 Female White 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN MARRIED A NEVER MARRIED Washington County WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR HOME MAKELE MOST OF WORKING LIFE) INDUSTRY Hagerstown. USUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Russel Blair Venetta Grosh 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) LYES NO OR UNKNOWNS ester 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO | 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF FOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attempted the deceased from that (I) (we) last saw the deceased alive on and that in (my) (aur) apinian death accurre for the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death DEGREE TIV. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS should by 230 BURIAL, CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OR TOWN ttle Buria Rose Hi ear 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)

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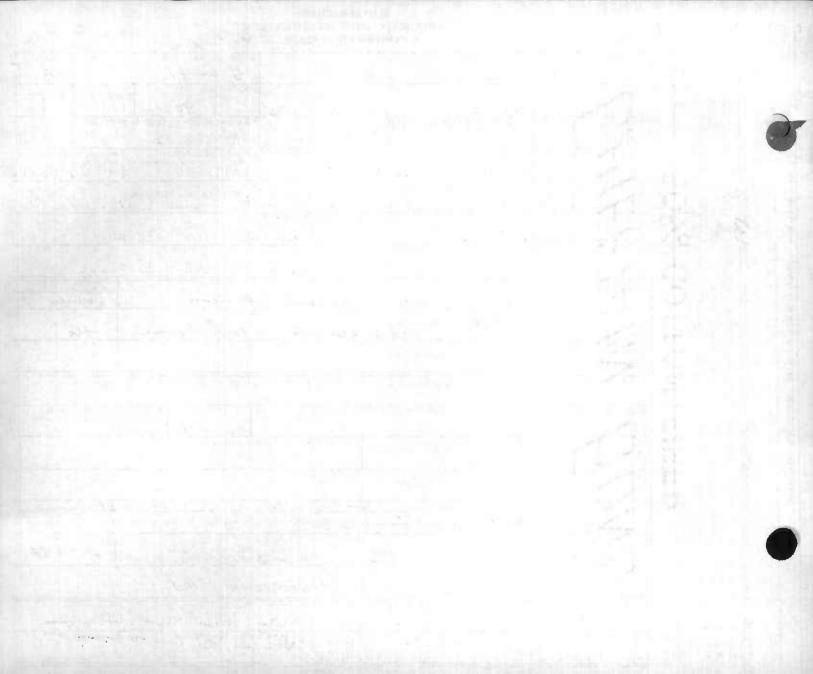
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH CERTIFICATE OF DEATH

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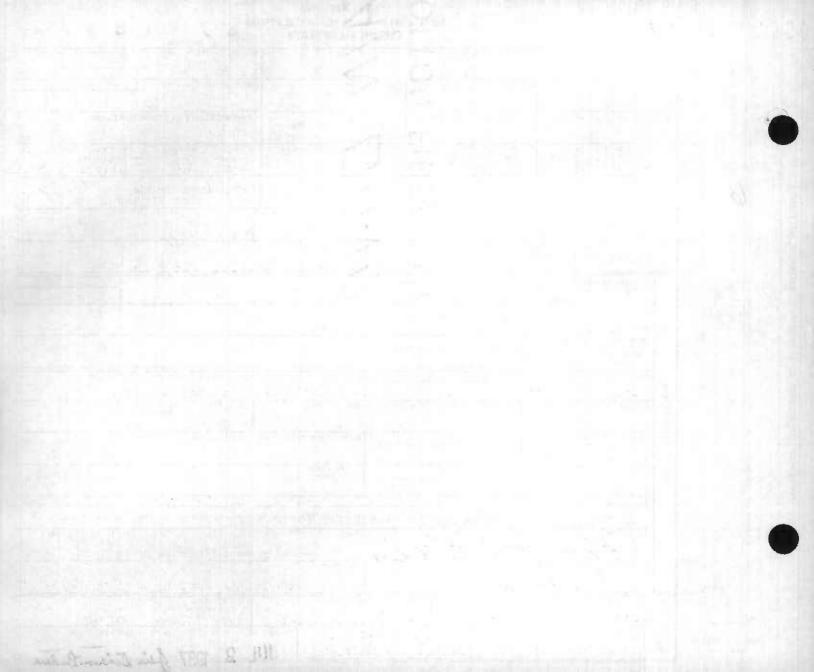
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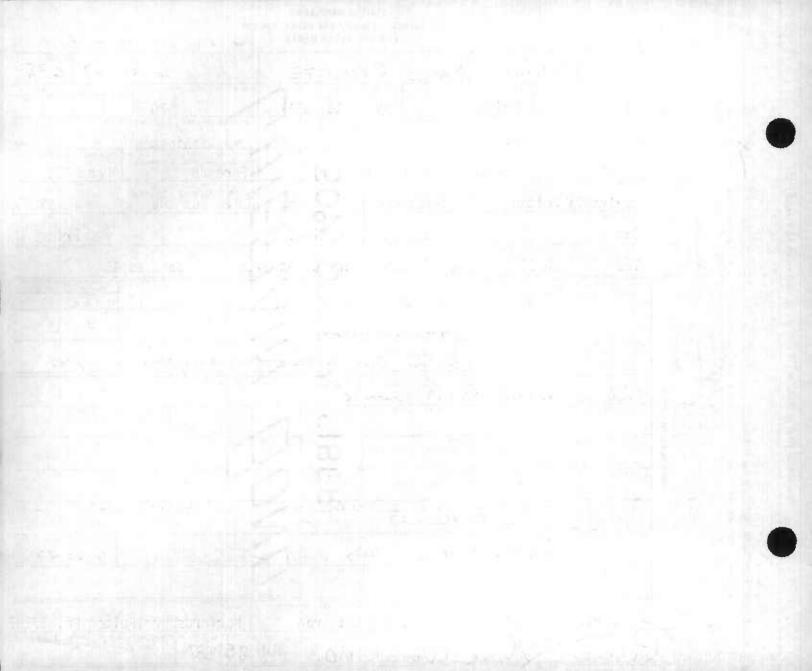
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VIII NG PHYSICIAN: offending physic fer this certificat	C 2	MEDICAL	(IF EITHER NOTIFY MEDICA			.M. OF INJURY	19	211 LOCATI	ON	4				
PHG thend	ed or	ME	WHILE TO NOT WHILE			REET, FACTORY, OF	FICE, FARM, ETC.)	STREE			CITY OR TOWN	4	COUNTY	STATE
DING or off After	ofth of		AT WORK AT WORK		-1)		2	3-12	10 O S	40	6 -	>1 10	05	
ATTENDIN Sspitol or CCTOR, Aft	T is		220 I certify that (1) (1 sow the deceased	olive on_		0-51	0-) (aur) opinion	death occur		, 17.		that (1) (we) lost
	o to		obove, (I) (we) (de 22b. SIGNATURE	d) (did not	view the body	ofter death.		DEGREE					122c. DATE	
L DIRC	# #			tea	Latus	2Quf	> 4		ATTENDING	MEDICAL	STAFF			2 47
PITA by ERA	Stot AN AN	-	22d. PHYSICIAN'S NAM	-				122e ADDRES		DIRECTO	R PHYSICIA	W []	1 4 6	- 47
HOSPI sined b	with the Sto													
TO H	3 X	23a	BURIAL, CREMATION, R	FMOVAL	23b. DATE	1	23t NAME OF C	EMETERY OF	CREMATORY	123d LOC	ATION			
agg BP G	G		Burial	LINOTAL	6/24/8		Mt.Zion			CI	V OR TOWN	una Fu	1 ton	Pa. 17267
11/11/	1	XI	UNEAL BIREFOR	_	11	07	110.21011	Lucilei	25a. DA	TE REC'D, BY	REGISTRAR 25	WREGISTRA	R'95IGNA	RE 1-201
DHMH - 16 6 (VRA 15		1	Tell . a	1	Han	ADDR	Ancek	MAK	JU	N 25	REGISTRAR 25	Julia Di	cordien.	Kindan
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Rest Haven Cemetery

DHMH - 16 60M 7/84

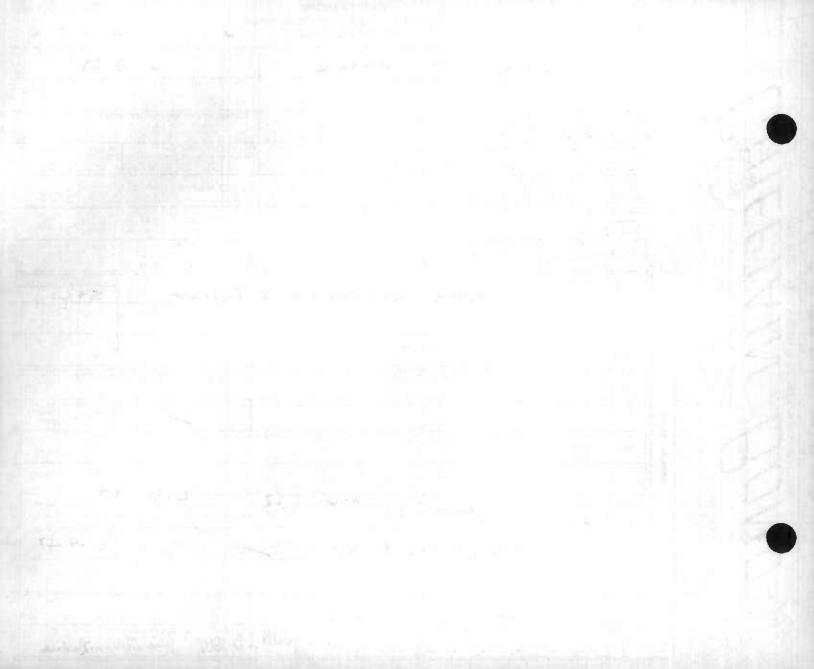
MINNICH FUNERAL HOME Wilson Blvd., Hagerstown, Md. 21740 (VRA 15, 4)

June 12, 1987

burial

Julia Davidson Randale

Hagerstown, Wash., Maryland



056128 JA

rector, page 3 urs ofter death

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. N	10.	8	J	1	6
ATE O	PEATH	нгиом	DAY	YEAR	2b. HC	UR
		1.	~	5-7	9	10

TSTATE REGISTRAR CE	RTIFICATE OF DEATH O REG. NO. 1 0 0 / MARCH
I DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) JOHN W. ST	numaker 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 9 9 9 M
	ATE OF BIRTH ANNIH DAY YEAR 6 AGE (IN YEARS LAST BIRTHDAY) 1 FUNDER 1 YEAR IF UNDER 1 YEAR MONTHS DAYS HOURS MIN. 7 9 YRS
Charpsburg, Md. U. S. A. wid	RRIED NEVER MARRIED Washington MD DIVORCED MARRIED MA
10 CITY OR TOWN OF DEATH III. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES Washington	Co Hospital Custodian-Pastor School
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMIS 136. STATE 136. COUNTY 131. CITY OR TOWN Maryland Washington Boonsboro	134 INSIDE CITY LIMITS? 135 STREET ADDRESS / ZIP CODE 21713
Grover Cleveland Shumake	
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO (16 YES, GIVE WAR OR DATES) 220-26-5931	Robert W. Shumaker, Boonsboro, Md. 21713
gove rise to immediate	Eista start Diesare
underlying couse last. (c)	BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 110
210. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY HOUR A.M. MONTH DAY YOUR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YOU P.M. 21d. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
AT WORK AT WORK	C) STREET CITY OR TOWN COUNTY STATE
276. SIGNATURE	DEGREE ATTENDING ATT
224 PHYSICIAN'S NAME (TYPE OR PRINT) Edison B. Moody, M. D.	Hagerstown, Maryland 21740

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

John H. Bast, Jr. Boonsboro, Md. 21713

dia Tiondon-Randalle

Company - markets of 21.) Jost Half | 21713-500 THE .DE POIDORES N. -42 Free . THOR WINE - -95 Misma Rody C. ..

DHMH - 16 60M 7/84

(VRA 15, 4)

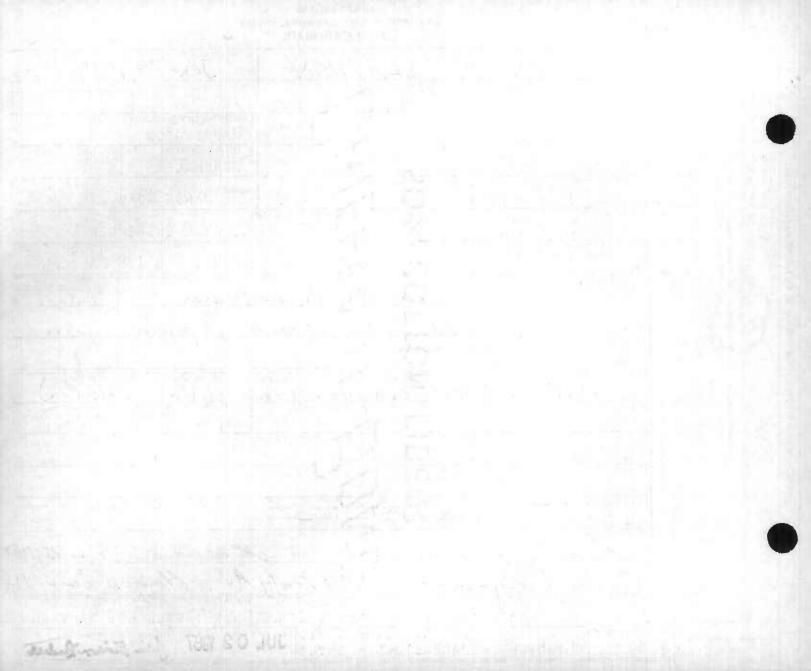
24 FUNERAL DIRECTOR Thompson Funeral Home Middletown, Md.

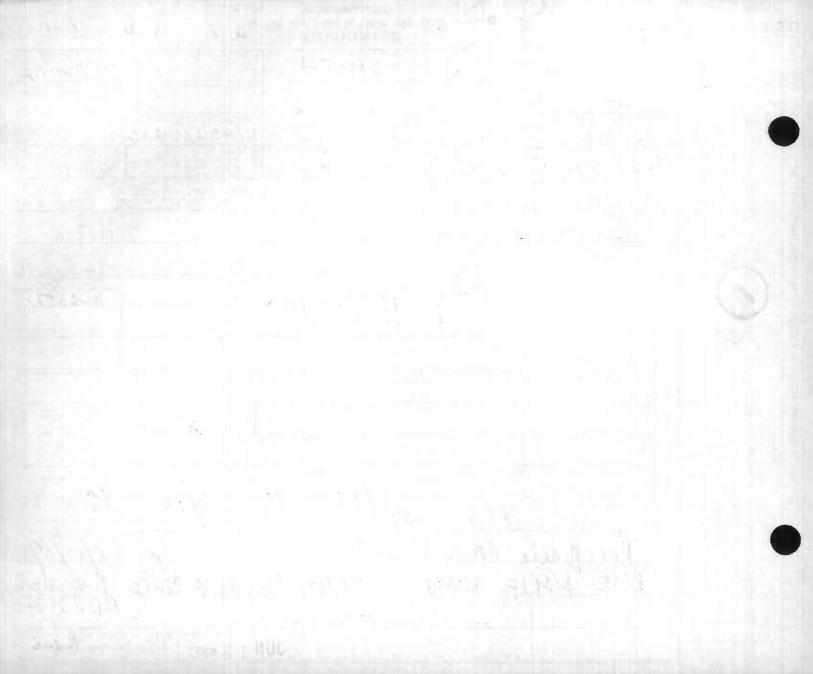
June15,1987 Lutheran CemeteryMiddletown Fred. Md.

25h. REGISTRARS SIGNATURE CO.

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						OF MARYLAND		
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	o e o t		OR PRINT) = 11 = 1 V/A	1 M	011	YDDA/	June 24.	1987 930
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	Poor I die	70 B		CITIZEN OF WHAT COUNT	RY2 B	□ NEVER MARRIED □	9 BALTIMORE CITY OR COUNTY	OF DEATH
1	Gentle Seeth	H	AGERSTOWN, MD.	USA	WIDOWE	DIVORCED [Washington -	MD.
=	offer of with the		AGERSTOWN W	NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST ASHINGTON	REET ADDRESS)	SPITAL	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKER	126 KIND OF BUSINESS OR INDUSTRY
2120	in b		AL RESIDENCE (IF NURSING HOME OF OTHE	ER INSTITUTION GIVE RESIDENCE BE	EFORE ADMISSION)			
QNA	filled build must	8.0	RYLAND WASHIN		STOWN	134 INSIDE CITY LIMITS?	132 STREET ADDRESS / ZIP CODE	D 2/740
AARYL	d within	14 F.	FRED R.	TAHL	4	15 MOTHER'S MAIDEN NA	C. WOLFENSBE	RGER
RE, A	d con		VAS DECEASED EVER IN U.S. ARMED	FORCES? 166 SOCIAL S	ECURITY NO.	17 INFORMANT	ADDRESS	HAGERSTOWN
IMO	n and c		NO OR UNKNOWN) (IF YES, GIVE WA	219 1	4 7594	SALLY L. /	ARTZ RT. 3 B 13	5 MARYLAND
T., BALT	physicia physicia physicia popers moval.		18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE C.	C	dur	al hemo	atoma	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N ST	ding orbo		MMEDIATE	DUE TO, OR AS A CONSE			1 - 1	
PRESTON	offer offer ove ove ove ove ove ove ove ove ove ove		Conditions, if any, which	(b) Idi	opath	ic Throm	bocytopenia	years
W. PR	or the servem cremp		gove rise to immediate couse (0), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF			
201	ned the		PART 2. OTHER SIGNIFICANT CON	(c)	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART I (p
RDS	equir n sign Then r to b injury	NO O	ATTES	related	com	plex (Fr	rom platelet ty	ansfusion)
RECO	n. no bos bee permit. ws ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	WAS PERFORMED	200 AUTOPSY? 20b IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
VITA	N. Th	CERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	D.W. VELO	21¢ HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM IS PA	
9	ICIAI 9 Ph errifi intol	AL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH P.M.	DAY YEAR			
DIVISION OF VITAL RECORD	G PHYS offendin streeths c the bur ond Med or h	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
۵	ADIN or o use os eaith		22a L certify that (I) (this hospital)		m An	VII 19	1,10 Jun 24,1	9 PA , that (I) (we) last
	ATTEN Ispital CTOR A for u	4	sow the deceased alive on obove, (1) (we) (did) (did not) vi	v the body olter death.	9 87. on	d that in (my) (our) opinion	death accurred on the date and hour	and from the causes stated
	OR A bired oched Dept	7	27% SIGNATURE)/	2	DEGREE	4500	224. DATE SIGNED
	The est of The		(Kula C)	frence	1/1	- ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	June 25, 10
	TO HOSPITAL TO FUNERAL Should be der with the Stote		Charles C/	Spencer		1198 Kenl	1 Ave, Horge	exs Town, Ma
	5 5 5 4 3 ₹4	230			3c. NAME OF CE	METERY OR CREMATORY	23d LOCATION	COUNTY NA STATE
	BP		BURIAL	6/27/87 \$	ALEM C	HURCH CEM.		O. MARYLAND
	DHMH - 16 60M 7/84 (VRA 15, 4)	0	RALD N. MINNIC	3U5 N HAGER	STOWN,	MAC ST. 25010	E REED BY REGISTRAR 256 REGISTR	Dender Rudal





STATE OF MARYLAND

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Holms 25, 1987, 1987 Minutes 22, 1987 8:00a \$6 000 f. various with aftering nothing the state of the state decrebert listed eve. Seles Person successful red. ENVISOR .eva mitted off a processor neverlate inside Line of the second of the seco

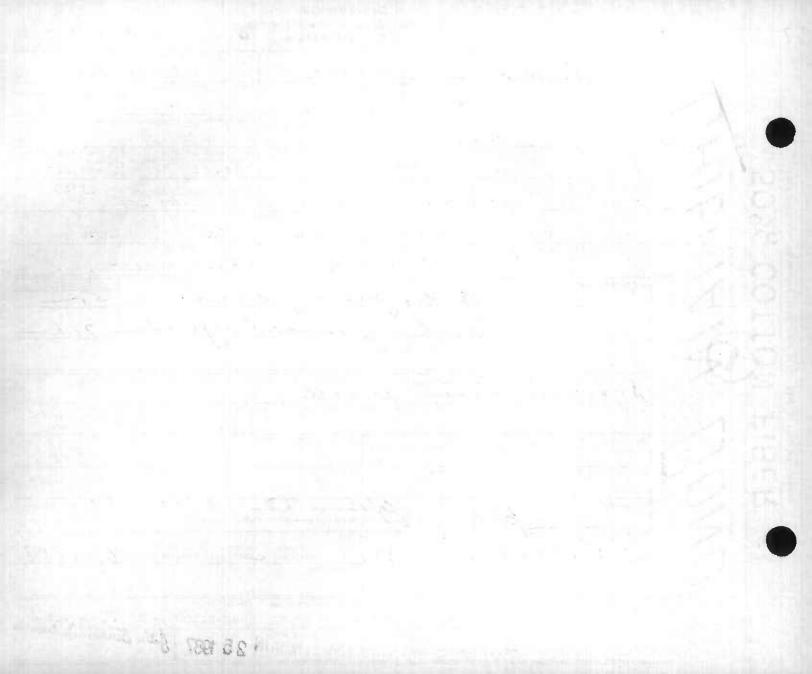
Pris densbors, etc. Co., A., Come de de la come de la c

415 East Wilson Blvd., Hagerstown, Maryland 21740)

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND



FOR STATE

uneral director, page 3 hin 72 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7 1838

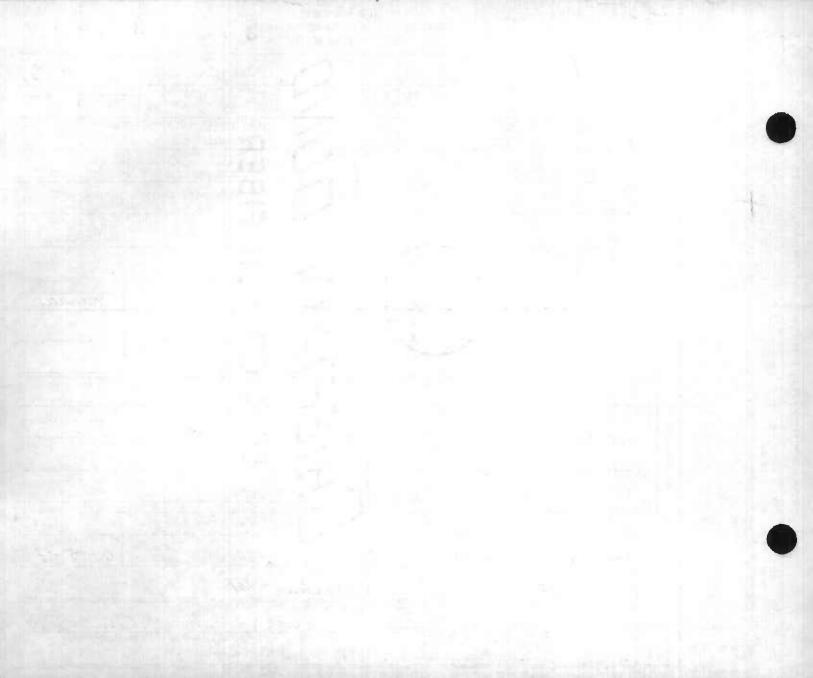
21	0.97	REGISTRAR				CEKITI	ICATE OF DEATH		REG. NO	0.				
See 1		CEASED NAME	FIRST		AIDDLE	}	AST	20 DATE OF	DEATH	MONTH	DAY	YEAR	26 HOUR	
	(TYPE	Nac	omi	Rut	h	S	TAINS	June	14,	1987		9.1	10:50	
	3 SE	X		4. RACE		5. DATE C	OF BIRTH	6. AGE INY	EARS LAST BIR	THDAY)	IF UNDER	FUNDER I YEAR IF UNDER 2		
	- 14	emale		white		Jan	uary 14, 1932	55		MONTHS	DAYS	HOURS MIN.		
1	70 BI	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMO	RE CITY O	R COUNT	Y OF DE	TH		
dian		ryland		USA		WIDOWE		on			MD.			
9	10. CI	ITY OR TOWN OF DEA	ATH		OSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL (IND OF	BUSINESSOR	
		lagerstown			es Avenue	nurs	ses a:	id		hos	pital			
الترم		AL RESIDENCE (IF NURS	136 COU		GIVE RESIDENCE BEFORE A		134 INSIDE CITY LIMITS?	13e.STREET A	ADDRESS	ZIP COD	F			
1	-	aryland	Wash	ington	Hagersto		YES X NO			s Ave		21	.740	
1	14 FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE	WIDDIE			TZAL		
1		Francis			Hu11		Nora					McG	Gowen	
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	520	ADDRE	SS				
		no	1,12,163,01	TO MAIN ON DATES	6.00		Carolyn Van	nce, Ha	agers	town,	Md.			
		18 CAUSE OF DEAT	H Enter a	nly ane cause per	line for io), (b), and	lici i	, ,	11			BE	APPROXIA	MATE INTERVAL	
		PART I. DEATH W		ED BY. TE CAUSE (a)	ap	norm	nt peart a	Hach				nu	neter	
9					R AS A CONSEQUE					Trobat				
U	100	Canditians, if any,	which	(1b)	CAS A CONSECUE	100								
		gove rise to imm	mediate			ICE OF								
		underlying cause		DUE 10, 01	R AS A CONSEQUE	NCE OF								
		PART 2. OTHER SIGN	NIFICANT	CONDITIONS CO	NIRIBUTING TO D	FATH BUT	NOT RELATED TO THE TERMI	NAI DISEASI	E OR CON	DITION GIV	VEN IN P	ART No.		
	NO								011 2011		2			
-	AT	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED	20a AUTO	PSY?	20b. IF YE	S, WERE	FINDIN	GS USED	
2	CERTIFICATION			3 3 5 5 5				YES	NOA		FYING C. ES 🗍	AUSES	OF DEATH?	
	CER	21a. ACCIDENT WAS UNI	DERLYING [216. TIME O			21c. HOW INJURY OCCURR					ART 2)		
7		OR CONTRIBUTING			M, MONTH DA	Y YEAR								
I	MEDICAL	21d INJURY OCCUR		21e PLACE (19	21f LOCATION							
	ME	WHILE NOT WE	HILE	(AT HOME STR	EET, FACTORY OFFICE, EA	RM ETC)	STREET		CITY OR TO	WN	COVI	AIA	STATE	
	M.	22a I certify that (I)		ital) attended the	deceased from		19	, ta			19	•1	hat (1) (we) last	
		saw the decease	ed olive on		19		nd that in (my) (our) opinion d		d an the do					
		22b. SIGNATURE	aro / (ala ne	III view me oddy	affer death.		DEGREE			-	22c.	DATE S	IGNED	
	13	Howe	dR	Trusal	9	M	ATTENDING PHYSICIAN	MEDICAL	STAF	F IAN []	6	-1.	5-87	
		22d. PHYSICIAN'S NA	AME (TYPE C	OR PRINT)	0		22e ADDRESS				- NT			
		It.RTR	itch	JR.	MO		Hagerstown	Med.						
	23a B	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c N.	AME OF C	EMETERY OR CREMATORY	23d LOCA	TION					
	CI	remation				thsb	urg Crematory	Smit	thsbu	rg, W	ash.	, Ma	ryland	
	24 FL	JNERAL DIRECTOR	MINNI	CH FUNER	AL HOME		25a DATE	REC'D. BY R	GISTRAR	256 REGIS	TRANSS	GNATO	RE	
	4]	L5 E. Wilso	on B1	vd., Hag	erstown,	Md.	21740 JUI	122	1301	0				

DHMH - 16 60M 7/84 (VRA 15, 4)

etained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate hos

should be detoched for use os the buriol-transit permit. Then please remove corbon poper with the State Dept of Health and Mental Prygiene prior to buriol, cremotion, or remaval. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the



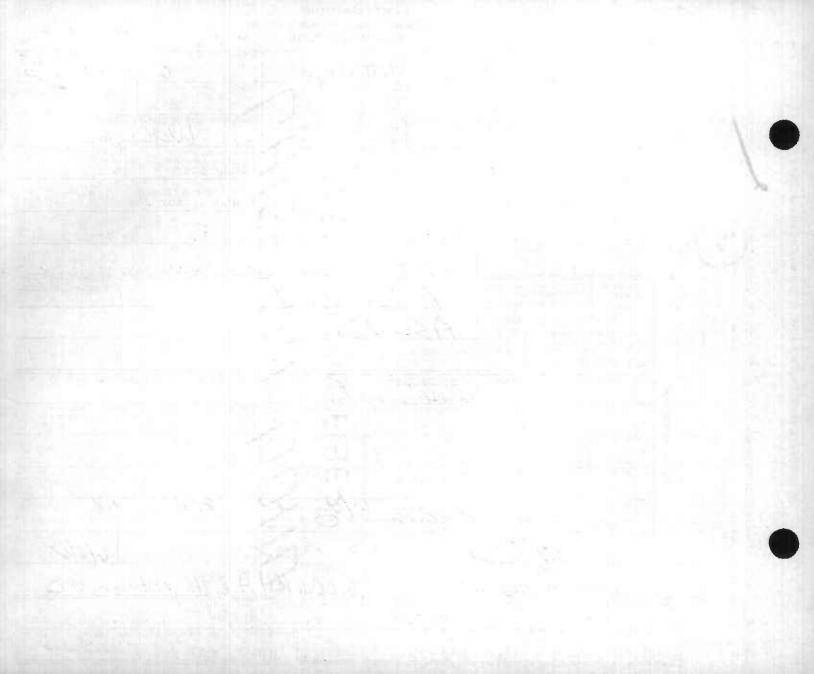
1 1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
)2048 July	Thomas Raidle State of Esti- Death Matel 5 28 187 12 And State of
deloy is ind 3 ta 13. Page	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 12 HRS 10 UNDER 13 HRS 12 C. DATE PRONOUNCED DEAD 2d. HOURS MIN. Month. Day Year
ny de 2, and PM3.	MALE white Oct. 24, 1947 19 YR. MONTHS DAYS HOURS MIN. MONTHS 2 Day Year 19 12 And To. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED X 9. COUNTY OF DEATH
1 = 6 E 85	(OUNTRY) WEST VIRGINIA UNITED STATES WIDOWED DIVORCED Washington M.
212.	HAGERS TOWN 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Dr. USUAL OCCUPATION (Kind of work done of the Kind of Business or during most of working life, even if setired.) HAGERS TOWN 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Dr. USUAL OCCUPATION (Kind of work done of the Kind of the Ki
M ter de Give on the de	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS 13e. STREET AND NUMBER
de Se of Se	odmission) STATE MARY AND AND FARUNCE PASADENA YES NO [567 RIVERSIDE DRIVE
NITIMORI hours or hours or liter all lood 2 was	17. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Thomas R. Cochean Phyllis Marie Stafford
thin 24 ho and in Ite miner's Off pages Lag	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS P. O. BOX 112 -
STREET, I within n pencil Examine File page	(185, 110, 01 Old Court of Street of
ON S tred of in in cal Establishin 7	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL GETWEEN ONSET AND DEATH
PRESTON e executed pending ir ef Medical I	DUE TO, OR AS A CONSEQUENCE OF
N. F. P.	Conditions, if ony, which gove rise to immediate couse (a), (b) Vnaunovia (486)
M 로 스 프 트 드	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF OLD State Lace 16 60 55
AL RECORDS, s. certificate s. writing the forwarded to used as a burney ond in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
L RECORE certificate writing t rwarded rsed as 3	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part Lor Part 2 Item 18)
his of the form	YES NO 210. EXTERNAL CAUSE WAS 21b, TUME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
<u>■</u> ≝¬ ⊇≫	PRIMARY OR CONTRIBUTING PENDURAM. 1/15/1987 Self Cuffished 65W to head
EXAMINER: Cute the cert oge 4 should your files. Page 3 should	WHILE NOT WHILE of foctory, office building, etc.)
DIV MEDICAL EXA please execute director. Poge entained for you DIRECTOR: Pog or to buriol, cre	22a. I certify that I took charge of the remains described obove, held an Autapsy , Inspection Inquiry , ond in my apinion
MEDICAL I please exect director. Po estained for DIRECTOR: r to buriol,	deoth resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
JIY MEDIC, ry, please e eral director be retained RAL DIRECT	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226. DATE SIGNED ,
DIVIS TO DEPUTY MEDICAL EXAM necessory, please execute it the funeral director. Poge 4 5 may be retained for your O. FUNERAL DIRECTOR: Page Health, prior to buriol, crem	EXAMINER'S OUT 5/28/87
O DEPUTY The funero S moy be O FuneRA Heofth or	NAME (Type) ADDRESS(Street, city, town, or county) ADDRESS(Street, city, town, or county) ADDRESS(Street, city, town, or county) (County) (Stote)
07 a + 2 07	REMOVAL (Specify) REMOVAL (Spe
VR A15ME (5) 10M - 1/69	Royking Jike Dawson 1037 Dual Place
IVM - 1/69	Hagerstown, Mf 21740 DATE HIN 11 1987 A. Tombon Condetts

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East Wilson Blvd., Hagerstown, Maryland 740

(VRA 15, 4)

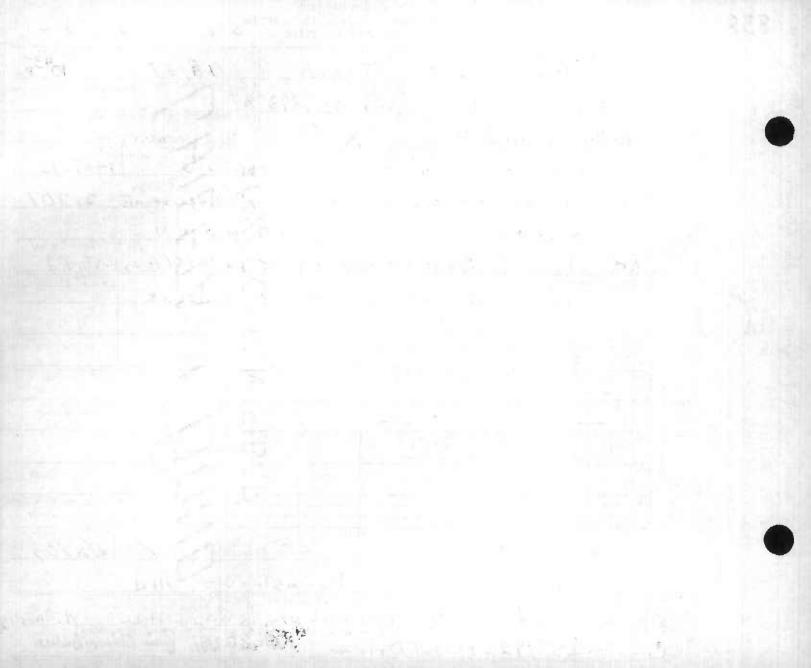
STATE OF MARYLAND



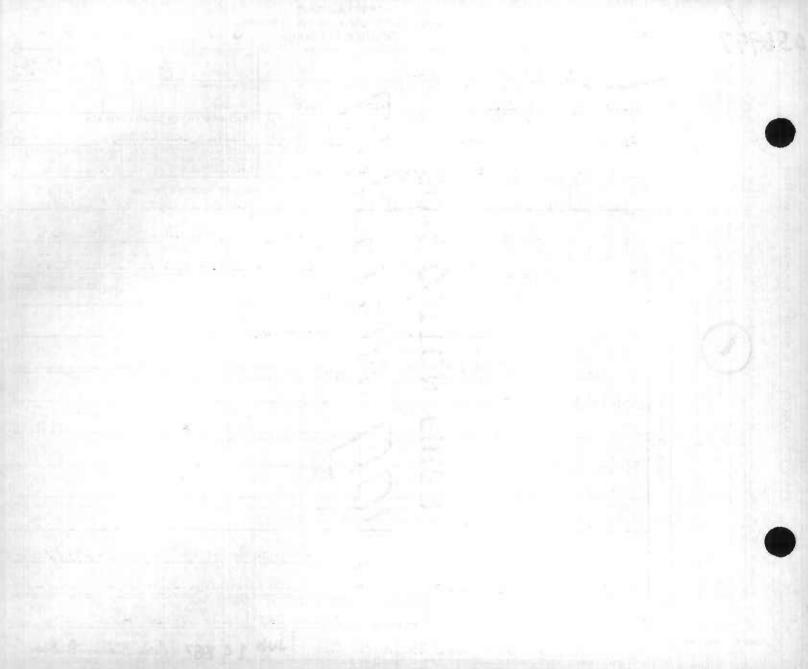
57827 JUN 2	FOR STATE REGISTRAR FREDE		MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	8 3 8 4
noy be poge 3	I DECEASED NAME (TYPE OR PRINT) Predente		Stringtellow	20 DATE OF DEATH MONTH DI	187 3-40 AM
ge 4 mo ector. po	MALE MALE	White	June 8, 1916		FUNDER I YEAR IFUNDER 24 HRS
9 2 2 3	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Washington Co	
by filed	10 CITY OR TOWN OF DEATH Hagerstown		NG HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE Master Carpent	126. KIND OF BUSINESS OR
24 hours	USUAL RESIDENCE (IF NURSING HOME (130. STATE Maryland Was	or other institution give residence before July 9 13t. CITY OR TOVE Shington Hager	VN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 3810 Pleasant	21740 View Drive
maryla mpletely ond 2 sh	14 FATHER'S NAME FRST Franklin	Wayne Stri	IS MOTHER'S MAIDEN NA	WE	Duty
on and co	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	NATIONAL CONTRACTOR	-9905 Clover R.	Stringfellow,	Hagerstown, Mc
of physical physical physical physical physical property increal, the second, the second physical phys		only one couse per line to (a). If one SED BY. ATE CAUSE (o)	Take a dour can	cinoma of the	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST.,	Conditions, if ony, which	DUE TO, OR AS A CONSEQU	ENCE OF	ling.	9 months
201 W. PR	couse (o), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	ing cigaretter	J	
		CONDITIONS CONTRIBUTING TO	prevnonia	MINAL DISEASE OR CONDITION GIVE	
AI RECC	19a DATE OF OPERATION 71a, ACCIDENT WAS UNDERLYING		PERATION WAS PERFORMED	YES NOT NES	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir cottending physicion. Wher this certificate has been sign os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injury	OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT OR PART 2)
NG PHYSON ottendir frer this to so the bund M h and M	(IF EITHER NOTIFY MEDICAL EXAMINATION 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	PARM, ETC.)	CITY OR TOWN	COUNTY STATE
ATTENDIFICATION OF SPIROT OF For use of Health	saw the deceased aligera	pital) attended the deceased from 19_	7, and that in my) (our) apinion	death occurred on the date and hour	ond from the couses stated
At OR A the hos AL DIREC detached detac	226 SIGNATURE	Keyler	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	27c. DATE SIGNED
TO HOSPITAL retoined by th TO FUNERAL should be det with the State	22d. PHYSICIAN SNAME, 1991	Kugler	100 Gee	try Love Kee	dysville, Md
0 a 0 d M	230 BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION	Md.
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DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	Hage	TOCOMIT' LIG" !!!	N 25 1987	AS SIGNATORE
(VRA 15, 4)	A.K. Coffman	Funeral Home	Inc.	. 40 001 0	

The state wants of the Links y June D. no. Nashindon County Particular Hashington in order of 2 22 Classon Victoria Victoria y : The The Ward Round of the State of the S Sorial coldes Court Lowe Hen. Pt. Hageratown, Washington dagerstown, Ad. _ out 20 Bit is A. N. Colinar Functal Home, Inc. A. L.

57830	od a	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
900	4	- STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
1 25		ECEASED NAME SAMUEL MODLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20 HOUR STROUD 6/18/87
Se a monte of section	1.5	4. RACE S DATE OF BIRTH MONTH DAY AND 21 1898 89 YRS 15 UNDER 1 F UNDER 24 HRS MONTHS DATE HOURS MIN.
0 1 100	0	COUNTRY N. C. 176 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED PALTIMORE CITY OF COUNTY OF DEATH WIDOWED DIVORCED WIDOWED MD.
10 charter of the cha	UB	11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION (IF HOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (IF HOT IN SUCH FACILITY, GIVE STREET ADDRESS) 110. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION (IF HOTEL) 1120. USUAL OCCUPATION (IF HOSPITAL, NURSING HOME OF OTHER INSTITUTION (IF HOSPITAL) 1120. USUAL OCCUPATION (IF HOSPITAL) (IF HOSPIT
AND 21	5 ¹³ 0.	STATE 130 COUNTY 131 CITY OR TOWN 13d INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE 179 WALL SAINTS 2170/
MARYI hed with med 2/2		ATHER'S NAME FIRST UNKNOWN LAST
TIMORE Se energy		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS M+ PLEASANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 2/4/02306 Melvin Addison 1040/A L, berty Rd
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RECORDS, 1	PICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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thoused by the Spirit Amount of the Spirit Amount o		R. GURDENET BOONSLOVO Md
BP	B	BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN LITTOR TOWN COUNTY N. CATCLYN
DHMH - 16 60M 7/84 (VRA 15, 4)		Wheral director Whicks 1922 Forest Drive 1987 Julia Davidon Rondres



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to See 30		Maryland	US	SA	WIDOW	D. XXNEVER MARRII		Washington	n Count	cv.	MD.
the furth		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, N	-	OR OTHER INSTITUTION	ON II	20 USUAL OCCUPATH	ON	12b. KIND OF E	BUSINESS OR
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ORE,		VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT	100	ADDRE		2, Box	183
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OF VI		OR CONTRIBUTING CAUSE C	OF DEATH HOUR A		H DAY YEAR	110 110 11 110 11 1	OCCORREL	J (ENIER NATURE OF INJUR	TIN IIEM IS PARI	I OR PART 2]	
ON OF	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA-		M. OF INJURY	19	21f. LOCATION					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death cert cottending physician. Wer this certificate has been signed by the ultra-ring of the buriol-transit permit. Then process menor conbact the and Mental Hygiene prior to built connection or recorded or teem 18 shows any injury, or other froumatic ex-	ME	WHILE IT NOT WHILE IT	LAT HOME ST		OFFICE, FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
DING or o or o ofth mork		220-1 certify that (1) (this h		he decented !	Iram	. 19		to		, the	ot (I) (we) last
TEN TO OR Or US		saw the deceased oliv obove, (I) (we) (did) (di	*				opinian dec	ath occurred on the do			, , ,
R AT hosp RECI		obove, (I) (we) (did) (di 22b. SIGNATURE	not) view the body	ofter death.		DEGREE				22c DATE SK	GNED
the the District He District H		1121	1			10 ATTENT	DING	MEDICAL STAF	F	6/9/	100
HOSPITAL med by t FUNERAL uld be det o the State		22d. PHYSICIAN'S NAME (1	TYPE OR PRINT)		,	22e ADDRESS	LIAN USLI	DIRECTOR PHYSIC	IAN []	10/1/	6/
		RADEAT	GUEDE	157	-11111111111111111111111111111111111111	Washinut	con Co	o. Hospita	1 - Ha.	erstow	n. Ma.
Of Short	23g F	SURIAL CREMATION, REMO	CUEDEI	VEY	23r NAME OF C	EMETERY OR CREMA		123d LOCATION			
BP	1	Burial	6/12/	87		ille HGTS		Brownsvi.	1 2 F T	COUNTY MA	STATE
		JNERAL DIRECTOR	0/12/	01	DECMIISA		25a. DATE R	REC D. BY REGISTRAR			
DHMH - 16 60M 7/84 (VRA 15 4)	Jol	hn T. William	s Funeral	Home	Brunswic		MUL	1 / 1097		code ?	adasts



completely filled in by the fund of director, page 3 completely filled in by the fund of director, page 3 s 1 and 2 should be filed within 72 hours ofter death

STATE OF MARYLAND

T OF HEALTH AND MENTAL HYGIENE		4	1	2	7	
ERTIFICATE OF DEATH	0	REG. NO.	3	0	V	
		KEG. NO.				

O	FOR STATE REGISTRAR			LTH AND MENTAL HYGII ATE OF DEATH	REG. NO.	1838/
	1. DECEASED NAME FIRST (TYPE OR PRINT) Ani	na Mae	THOM	and the same of th	June 22, 19	2b. HOUR 9:15A _M
	3. SEX Female	4 RACE White	5. DATE OF E	11, 1930	6 AGE (IN YEARS LAST BIRTHDAY) 56 YR	
5	70. BIRTHPLACE (STATE OR FOREIGN Martinsburg, W		A. MARRIED L WIDOWED	DIVORCED D	BALTIMORE CITY OR COUR Washington	MD.
1	Sharpsburg	11. NAME OF HOSPITAL	reh St.		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSEWITE	G LIFE) 126 KIND OF BUSINESS OR INDUSTRY OWN Home
1		OUNTY 13C CITY	rpsburg 13	res 🔼 NO 🗌	207 S. Churc	n St. 21782
)	14 FATHER'S NAME FIRST George	E. Mille:	LAST	MOTHER'S MAIDEN NAM	MIDDLE A.	Leonard
	160 WAS DECEASED EVER IN U.S. (1455 NO OR UNKNOWN) (15 YES	CIVE WAR OR DATES		Mrs. Mildred	Miller, Sharp	1 Box 185 sburg, Md. 21782
Ì	PART I. DEATH WAS CAU	only one couse per line for 10 ISED BY: NATE CAUSE (0)		rest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7.7.7		DUE TO, OR AS A CO	CONSEQUENCE OF	policit Les	inferetion all in bed of	GIVEN IN PART 110
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FO	R WHICH OPERATION \	WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
7		DEATH HOUR A.M. MO	NTH DAY YEAR	1c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	18 PART OR PART 2)
	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM) AT WORK AT WORK	21e PLACE OF INJUR (AT HOME STREET, FACTOR		II LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased alive obove, (I) (we) (did) (did		19 ond 1	hat in (my) (our) opinion de	eath accurred on the date and	, 19, that (I) (we) lost hour and from the couses stated
	22b, SIGNATURE	uhot	11/	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED 6/24/81
/	122 PHYSICIAN'S NAME (TY	PEORPRINT;	1	20 ADDRESS P.O. BOX 246	Keedysville	Md. 21756
	230 BURIAL, CREMATION, REMOVE (SPECIFY)	6-25-87	Cedar La	wn Mem. Park	23d LOCATION CUTY OF TOWN Hagerstown,	Wash. Co., Md.
	John H. Bast,		Home PDRESS Md. 217	13 25a. DATE	REC'D. BY REGISTRAR 256 REG	ULA DESIGNATURE RANGELLA

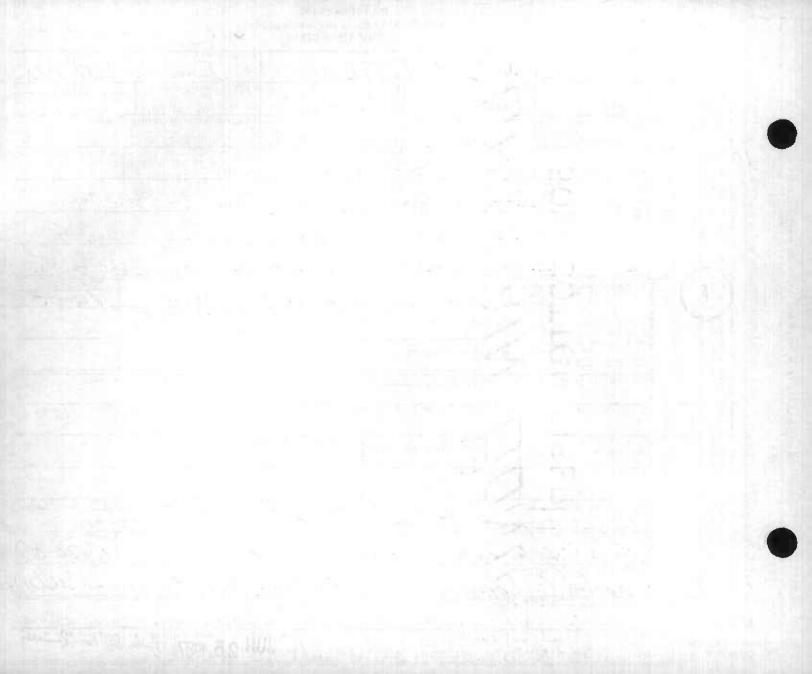
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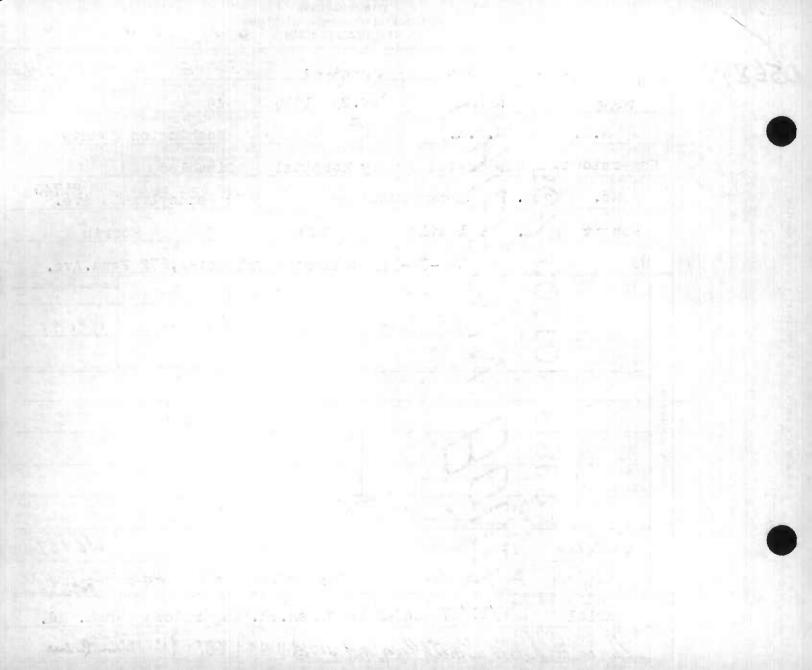
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	og e 3	ofter death	(TYPE	CEASED NAME ORPRINT)	E/L	IN Or	wille 7	OST	EN	June	MONTH DA	1987	954AM
	4 mc	ofter	3 SE	male	4.	RACE White		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	HOURS MIN.
	Poge	hours	7g. BI	RTHPLACE (STATE OR FO	REIGN 71		WHAT COUNTRY?	8	ember 18,1920	9. BALTIMORE CITY OF		F DEATH	
	eoth.	22 5	_ '	country) ennsvlvania		U.S.A		WIDOWE	NEVER MARRIED DIVORCED	Washing			MD.
	1/0	1	-	TY OR TOWN OF DEAT	н 1	1. NAME OF		G HOME C	ROTHER INSTITUTION	12a USUAL OCCUPATION	N	12b. KIND OF INDUSTRY	BUSINESS OR
201	ours of	filed not		agerstown		Washi	ington Cou	inty I	Hospital	machinist			
AND 21	n 24 hor	bould be	13a S Ma	aryland	36 COUNT		Big Spri	4	13d INSIDE CITY LIMITS? YES NOX	Route 1, I	ZIP CODE	21722	
ARYL	withi	3017	14 FA	THER'S NAME		DDLE	LAST	1	15. MOTHER'S MAIDEN NAM	WIDDLE		LAST	
E, M.	cogne	20	16c V	Lyman VAS DECEASED EVER IN		ctor	Toster		Alice	Virgini		Bingam	an
TIMOR	be exe	Bo John		yes, no or unknown) yes		WAR OR DATES!	219-12-1		Mrs. Margare	t K. Tosten,	Big S		
BAL	icote	disk)		18 CAUSE OF DEATH PART I. DEATH WA	Enter anly S CAUSED	ane cause per BY:	1 -			- Gallan		-	ATE INTERVAL
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DS, 20	quires 1	hen ple to burio ijury, or	NO	PART 2 OTHER SIGNI	FICANT CO		ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVE	N IN PART 110	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ne low re on. hos been	permit. I	CERTIFICATION	190 DATE OF OPERATION	NC	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, YES, YES	WERE FINDING NG CAUSES C	GS USED OF DEATH?
OF VITA	SICIAN: TI ng physicic certificate	riol-transit ental Hygie Hern 18 sha		21g. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR			T (OR PART 2)	
NOISION	offending ter this o	s the bur and Me	MEDICAL	216 INJURY OCCURRE	D	21e. PLACE			211 LOCATION STREET	CITY OR FOV	VN	COUNTY	STATE
۵	TENDIN pitol or TOR: Af	for use a of Heolith 21 is mai		22a.l certify that (1) (2 saw the deceased obove, (1) (what (dic	alive an	0 6	-) 0 10 x		d that in (my) (our) apinion	tod=2		0	at (I) (we) last
	AL OR AT the hosp AL DIRECT	detoched to ote Dept. of T. If Item	1	in school of	Zh	whow the bady	affer death.	Max	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	220 DATES	IGNED ()
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				URIAL, CREMATION, RE	MOVAL	236 DATE			EMETERY OR CREMATORY	CITY OF TOWN	0	COUNTY	STATE
	BP		24 FI	burial JNERAL DIRECTOR	MTNN		ERAL HOME		ording Cemeter				
		6 60M 7/B4 15, 4)		15 E. Wilso			ADDRESS		and 21740	N. 25 1987	Julia	Design	Kondanie
	1.100	, -,		10 N. MITSO	TT DT A	u., mag	CISCOMII,	rial y 1	and 21/40	ELTO 1001	0		

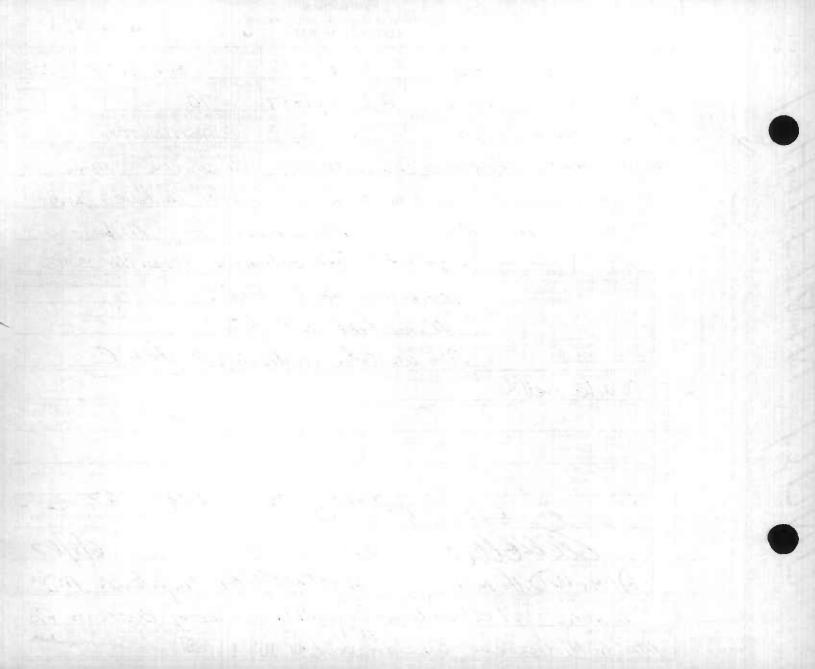


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- 4		CEASED NAME E OR PRINT)	FIRST		WIDDLE			LAST	J-16		2a DATE P	KNOWN [X MONTH	DAY	YEAR	2b. HOUR
25 55 55 F.	,,,,,,		Georg	ge I	Edwin		Tr	uitt			DEATH	MATED [6	231	987	2230
ZEA CTO	3. SEX		4. RACE	S. DATE OF BIR	TH AY YEAR	6 AGE (IN YE.			IF UNDER	24 HRS	2c. DATE		MONTH	DAY	YEAR	24 HOUR
IS NECESSARY, PLEASE F FUNERAL DIRECTOR. E & FOR YOUR PILES. D. WITHIN 72 HOURS		Male	White	7 2		82 Y	· month	S DAYS	HOURS	MIN	PRONOUN DE AD	CED	6 2	3	1987	2230
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DIVISION S CERTIFIC RETING TH RED TO THE SE S SHOUL E DEPART	Ē	21d. INJURY C	CCURRED		CE OF INJUR			CATION			CITY OR TO:					
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ATE, ATE, DORW			y that I took charg	e of the remains	described ob	ove, held on	Autop	sy 🔲	Inspectio	n V	Inquiry	V or	nd in my o	pinion		
TO MEDICA EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE SHOWING BE FORW PAFFER DEATH WITH THE STABLE MARYLAND, 2	5	death resulte	d fram: Natur	al causes .	Accident	XX. Su	icide	, Hamic	ide .		ermined ma					
A WELL ST	>							TITLE (SI								
₹ #₽ ₹ #₩ —		SIGNATURE.	John	n loc	سرد	Serle	er M	o. Dej	outy	MED	ICAL EXAM	INER	DATE	ED 6-	-24-	87
NO SE		EXAMINER'S	NAME John	m Di	lkele											
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3	1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE.				
W.	- STATE REGISTRAR		CERTIFICATE OF DEATH		REG. NO.	
E6 9114		CEASED NAME FIRST OR PRINT)	MIDDLE	Valentine	JUNE 6	1987 8-34m
WE OF THE	3. SE		4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
oge ct	1	Male	Black	Nov. 29 1937	49 yrs.	
eoth. P	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) N.J. 10 CITY OR TOWN OF DEATH Hagerstown		76. CITIZEN OF WHAT COUNTY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Washington	
is ofter d			(IF NOT IN SUCH FACILITY, GIVE ST	RING HOME OR OTHER INSTITUTION REET ADDRESS) County Hospital	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Disabled.	
MARYLAND 2120 ed within 24 hours maletely filled in by add 25 ould be fill strongister myste in	13a. S	AL RESIDENCE (IF NURSING MOME TATE 136 CO	or other institution. Give residence be DUNTY 13C. CITY OR TO Hager	STOWN 134 INSIDE CITY LIMITS?	572 Pennsylva	21740 unia Ave.
mARYL ompletely and 2 s	14. FA	THER'S NAME Robert	E. Valenti	ne Sara	MIDDLE	[orris
BALTIMORE, one be execut a sirion and coppers. Pages 1 vol.	léa V	AS DECEASED EVER IN U.S. ES NO OR UNKNOWN) (1F YES.	ARMED FORCES? 166 SOCIAL SI GIVE WAR OR DATES) 136-3		ADDRESS Valentine, 672	Penn. Ave.
I) W. PRESTON ST., BAL that the death certificate by the ottending physici cose remove carbonapoper ol. cremotion, or removal.		PART I. DEATH WAS CAU IMMED Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	OVENCE OF OVERVE OF	diseose	years
DIVISION OF VITAL RECORDS, 201 OR ATTENDING PHYSICIAN: The low requires the hospital or ottending physicion. DECTOR: After this certificate has been signed it boched for use as the buriol-transit permit. Then plea Dept. of Health and Mental Hygiene prior to buriol. If them 21 is marked or Item 18 shows any injury, or or the permit of them 21 is marked or Item 18 shows any injury, or or the permit of them 21 is marked or Item 18 shows any injury, or or or them 21 is marked or Item 18 shows any injury, or or or them 21 is marked or Item 18 shows any injury, or	CERTIFICATION	PART 2. OTHER SIGNIFICAN		TO DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF YE IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
	MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMI	DEATH HOUR A.M. MONTH	19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?] COUNTY STATE
		sow the deceased alive	ospital attended the deceased fro	DEGREE	death occurred on the date and ha	1987. that (I) (we) los or and from the causes stated
TO HOSPITAL retoined by the TO FUNERAL should be detoined the Mith the State IMPORTANT: If	730 5	1278 PHYSICIAN'S NAME (149) GCORIA URIAL, CREMATION, REMOV	F. PUICA	366 MI	MEDICAL STAFF DIRECTOR PHYSICIAN	GERSTONN
BP	230. 6	Burial Burial	a the a time	3c. NAME OF CEMETERY OR CREMATORY Cedar Lawn Mem. Pl	City On Louis	Wash. Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR	Apris Single		TE REC'D. BY REGISTRAR 251- REGIS	





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF IT ATM A REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-DEATH MATED Flovd 4 RACE 6. AGE (IN YEARS DATE OF BIRTH JE UNDER 24 HR DATE 2d HOUR YEAR LAST BIRTHDAY PRONOUNCED Jan. 24, 1924 63 DEAD Male White YRS To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED Maryland U.S.A. DIVORCED X WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Salesman Hagerstown Washington County Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 1136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 21740 Md. Wash. Hagerstown 1534 Crestview Ave. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Joseph Minnie Waters Mivers 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WW II 216-14-5836 Robert R. Waters, Gaithersburg, Md. yes 18. CAUSE OF DEATH (Enter only one couse per line for (a) tb), and BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under lying couse last DIVISION OF VITAL RECORDS, 201 PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T CERTIFICATION 19a. DATE OF OPERATION 20 AUTOPSY? YES [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK THE COUNTY 22a I certify that I took charge of the remains described above, held an and in my opinion death resulted from Natural causes Homicide SIGNATURE EXAMINER'S NAME TYPE OR PRINT AFTE 73g BURIAL, CREMATION, REMOVAL 73b DATE 23c. NAME OF CEMETERY Smithsburg, "Cremation July1, 1987 Smithsburg Crematorium 07/B4 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Home, Divideon Pendallo Funeral (VR A15 ME (5)) Smithsburg.

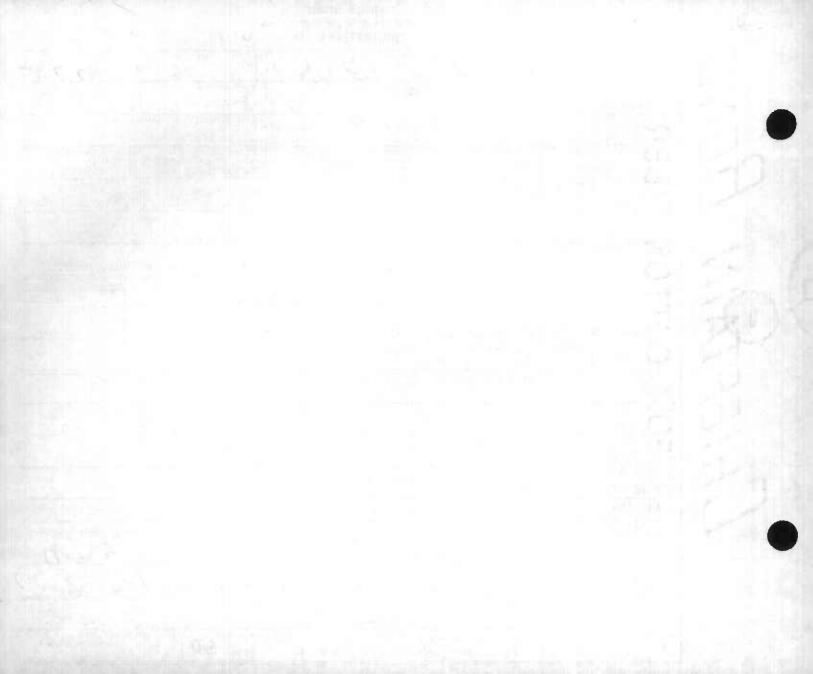
distribution and of referen The number of the control of the con XV.1554 LESSENICH AVS. 21740 signit signit . De . Distriction , and de . Il fince | De - Il- II lightion will, list dienes constoring anticher, and and Avia Annerol come, duitienter, et., eles Millio d'india Millione de la come

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH TYPE OR PRINTE Lottie 5 nmn a 4 RACE 3 SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR 1910 Female White 9 BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED United States Maryland WIDOWEDYY DIVORCED I Washington. IS CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY Hagerstown Washington County Hospital Homemaker BALTIMORE, MARYLAND 21201 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Washington 115 Limestone Rd. Hancock 21750 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME B. MIDDLE Elizabeth Snyder Mann Lewis 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 109RGreenwood Drive (IF YES, GIVE WAR OR DATES) 215 26 8429 H.Irvin Michael Hagerstown, Md. 21740 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) CARDIAC AR RECT DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. DUE TO OR AS A CONSEQUENCE OF ARTERY SILEACE COLONARY Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CHRONIC CERTIFICATION FAILURF 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 71m ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS PM 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an_ and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body ofter death 22h SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS HUSMITAC. MASHINGTON COUNTY ROZA Ma 0 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) Hancock, Washington, Md. 21750 Burial 6/23/87 Stone Bridge 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

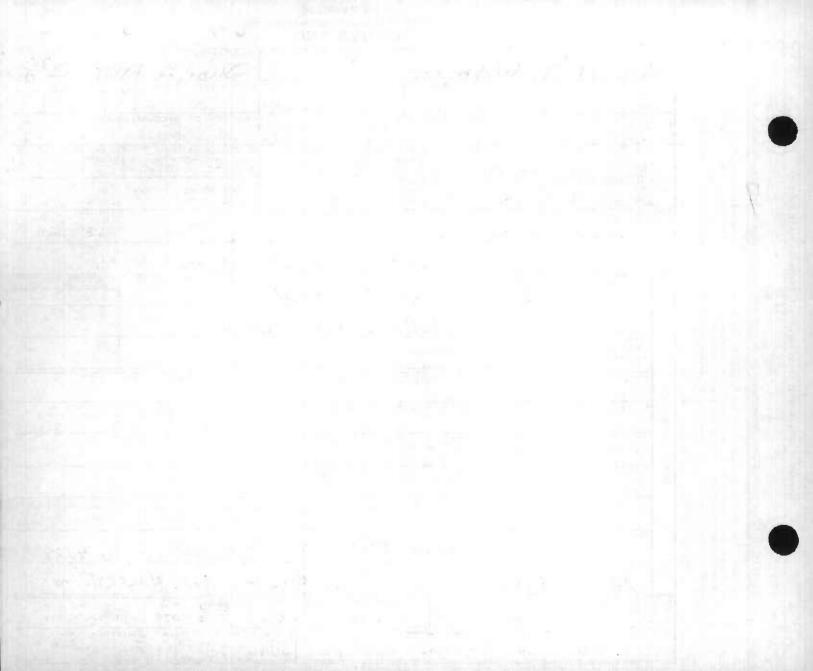
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STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME WITMYER 20. DATE OF DEATH MONIH Howard Tilden YEAR deot 701/M7 4 RACE SEX S DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYFAR MONTH HOURS white male November 26, 1904 82 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Washington Maryland WIDOWED DIVORCED T IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY public relations Hagerstown Washington County Hospital telephone co. 13a. STATE 3M COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 5204 Lock Raven Blvd. 13d. INSIDE CITY LIMITS? Baltimore 21239 Baltimore Maryland FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE McPherson Charles Witmver Mary Loretta Augustus 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR UNKNOWN LIF YES, GIVE WAR OR DATEST 212-03-6114 Marie L. Witmyer, Baltimore, Md. ves navv APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Liq CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? buriol-tronsit per Mentol Hygiene NOF YES [NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH and Mental (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 211 LOCATION ā 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from, saw the deceased alive an and that in (my) (aur) apinion death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT should be a 224 PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS 0 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY $Md^{\,\text{STATE}}_{\,\bullet}$ SPECIFY June 5, 1987 St. Marks Epis. Ch. burial Boonsboro 24. FUNERAL DIRECTOR MINNICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE-DHMH - 16 60M 7/84 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VRA 15, 4)



STATE OF MARYLAND

4, 4, THE SELECT SOCIETIES STILL BLANCE YA HOTENINGAI A 1 K 1 28 1 JATIMSRC VYREDS RETENTHEAR BRETERESAM HENNOW THROUGH X ' 'I UPFERSON BLVD. ELT - LEA. OT. 1 HEA. HALLA 2 1 4 · TO CT TO A CT AY! . THE TIME TO THE TO THE TO THE TO THE TOTAL TO TH 11 BRASY WILL ANABLE VERNOVALD SVITOURIES I SCHOOL STORES THAT SVITESHOU DESCRIPTION YPETANISHED ULTURE SERVICE TO A ENGLISH WIND THAT IT AGO V. JAIOSU MAIL MET T ALULA MITH WHOTHURING OF SEMPLE MEAN MAINLY WEST AND MAINLY MAINL TAMES NOT THE N SECTION AND AND ADDRESS OF THE PARTY OF T JATIS OF YTHE OTAL SHE HOSPITAL ... E. COTIETAN THEET, CASESITONS, MASH- U. Ger, Olambia TEST DE CTOMINA TEST TOPICS OUT TO A TOPIC SURJECT SHAY IS, I SOIL HOUSE HELD DESCRIPTION HARRING HARRING

SALE JANTON DIVINE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

B REG. NO.	-	8	3	4	1
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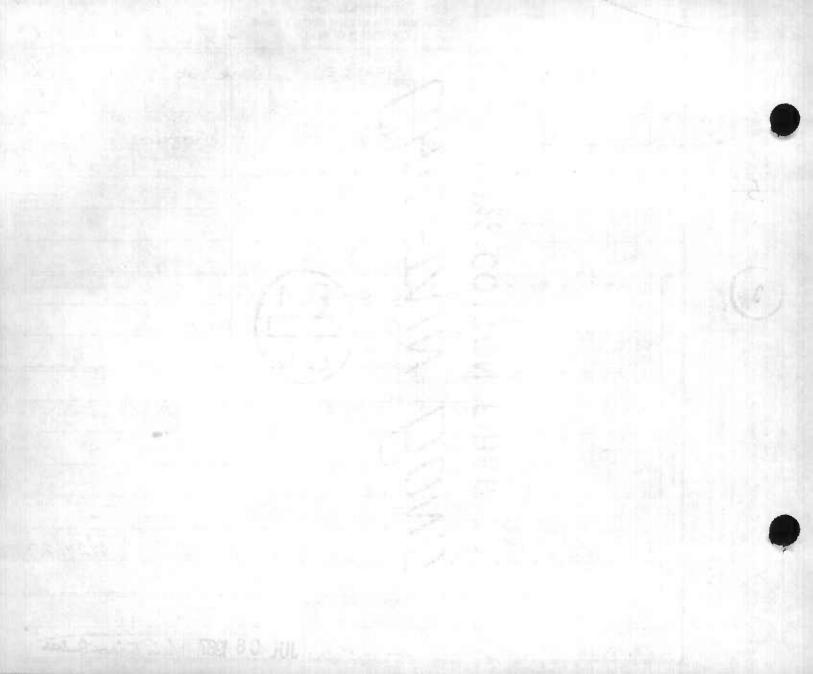
REGISTRAR			4011111		REG. NO	0.	
1. DECEASED NAME	FIRST	WIDDIE	ı	AST	20 DATE OF DEATH	MONTH DAY YE	AR 26 HOUR
(TYPE OR PRINT)	Dert CI	Larence	YE	AKLE	June as	1987	MAM
3. SEX	4. RACE		5 DATE C		6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
male	whit		February 19, 190			YRS.	
INTERPLACE (STATE OR FO	REIGN 76 CITIZEN C	F WHAT COUNTRY?	MARRIED NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH		
Maryland	US	SA	WIDOWED TO DIVORCED		Washington		
10. CITY OR TOWN OF DEAT			SPITAL, NURSING HOME OR OTHER INSTITUTION		128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY		
Hagerstow	- Rusia	no manor	NUC	sina Home		Pan	gborn Corp
USUAL RESIDENCE (IF NURSIN	G HOME OR OTHER INSTITUTI 36 COUNTY	I 13c. CITY OR TOWN	ADMISSION)	113d INSIDE CITY LIMITS?	13e.STREET ADDRESS	7 TIP CODE	
Maryland	Washington			YES X NO	_ OF D A		2174
14 FATHER'S NAME	MIDDLE	1,07		15. MOTHER'S MAIDEN NAM			1467
unknown	FIRST MIDDLE LAST FIRST MIDDLE UNKNOWN					LAST	
160 WAS DECEASED EVER IN	U.S. ARMED FORCES	2 166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE	SS	
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES	214-09-23	375	Ronald Yeakl	own, Md.		
18 CAUSE OF DEATH	Enter only one couse p	per line for to), (b), and	ICI.		1	BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	MMEDIATE CAUSE (a)	acu	u	Coronary	- accus	an	
	DUE TO	OR AS A CONSEQUE	NCE OF		The state of the s		
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underlying couse	the DUE TO,	OR AS A CONSEQUE	NCE OF	5 Melle	:tus		THE RE
	FICANT CONDITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	RT 1(o
19a DATE OF OPERATI	ON 196. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE F	INDINGS USED
E I					YES T NOT	IN CERTIFYING CA	
21a ACCIDENT WAS UNDE	110110	OF INJURY	V VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PAI	RT 2)
	USE OF DEATH	A.M. MONTH DA	19				
(IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRE		CE OF INJURY	19	211 LOCATION			
WHILE NOT WHILE AT WORK	TAT HOME	STREET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TO	WN COUN	TY STATE
	his hospital) attended	the deceased from			, to	19	, that (I) (we) last
sow the deceased		19		nd that in (my) (our) opinion o			
226 SIGNATURE	4		70.113	DEGREE	Barrier Harris	220	DATESIGNED
The	TY	m.vs		ATTENDING PHYSICIAN	MEDICAL STAI		:129/87
274 PHYSICIAN'S NA	AE THE OFFICE		3 1 1	22e ADDRESS	J D.M.ECTOR [] FITTSIC	and L	1-11-1
	AND THE PARTY OF T						'
23a. BURIAL, CREMATION, R	EMOVAL 236 DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
burial	July	1,1987 Ros	se Hi	11 Cemetery	Hagersto	wn, Wash.,	Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

74 FUNERAL DIRECTOR MINNICH FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md. 21740

JUL 06 1987 Julia Deviden Rudus



GERALD

(VRA 15, 4)

VINNICH

